When we arrive at 11.30 a.m., there were no patients. All three workers are present.
Water supply is from a well in the house compound. There is a woodstove for heat in the winter. Refuse is buried underground, the clinic grounds are clean.

They have been trained in tooth extraction but don't perform dentistry because the instruments were lost.

Clinic hours are 9-12 and 2-4 every day except for Thursday afternoon and Friday afternoon. One worker is always present at the clinic. The afternoon is usually reserved for follow-up patients who receive wound dressings and injections. Use of naswar and cigarettes are forbidden at the clinic for health reasons.

There are 3 beds for hospitalization. Mostly mujahideen are hospitalized while civilians are treated at home. A mujahed is rarely kept longer than one week for security reasons. A separate register is kept for hospitalized patients, all of whom were mujahideen.

Patients are referred to Peshawar or to MDM in Jaghatoo. They try not to refer unless absolutely necessary because the way is hard and dangerous for the patient.

There is an IMC drug formulary present, but no other books. There were no public health materials evident.

GREEN BOOK REVIEW

Three green books are present. One is full and is ready to go back to Peshawar. The other two are in use. Both books are used by all three doctors.

The entries are poorly dated. There are 15-30 patients per day. Approximately 10% are women, 10% children.

The diagnoses are mostly general medicine. Rarely "gonorrhea" and "malaise" are diagnosed. In one book, diagnoses of "nervous" or "neurosis" are not uncommon.

Treatment usually is one or two meds. Injection is used infrequently--Analgin, Sosegon, Ampicillin.

Entries in the patient record include:

#265 Dx: Headache Tx: Paracetamol tabs
#270 Dx: Acute bronchitis Tx: Ampicillin, paracetamol
#282 Dx: Otitis media Tx: Ampicillin, paracetamol
#297 Dx: Bacillary dysentery Tx: Tetracycline, aspirin
#314 Dx: Hyperacidity Tx: Trisil

#226 Dx: UTI Tx: Cotrim

We instructed the workers on the importance of keeping good records, since the date entries were sorely deficient.

Also we were able to review the clinic Yellow Book of surgical cases and procedures:

The period is 20.12.66 to 24.6.67. This is 140 patients in 186 days, or about 1 surgical patient per day.

Of those treated, 7 were women, 9 were children, and 10 did not survive. Most patients had penetrating wounds. Treatment was usually IV, irrigation, debridement, and dressing.

PRACTITIONER INTERVIEW

They say they see 20-25 patients per day, and would see more except the clinic is in a dangerous location. There are approximately 25% women, 25% children, and 50% men. 10 to 15% of their patients are war-injured.

They have learned amputation, but have never performed it.

They report the three main causes of death in the district to be:

* Bombardment injuries
* Tuberculosis
* Dehydration in children

The last 3 persons who died here were crushed in a collapsed house.

The main health problems are:

* Amoebic dysentery
* Malaria
* Gastroenteritis, especially in grape season
* Bronchitis

For the future the 3 workers would like further study. They say that one can go away to study while the other two stay to run the clinic, and then rotate until everybody gets the training. They further study would mean about 6 months more training.

On suggestions for future health care, they recommend one underground hospital in the district with 3 sub-clinics. In general they say every district should have a hospital.

COMMENTS

The clinic is a clean and well-ordered facility. The three workers are probably not overworked. The health workers gave a good impression, but our time with them was short.

Of the three workers, A[redacted] S[redacted] appears to be the one in charge.

The three medics do not have an autoclave, microscope, or most instruments, but would like to have them.

57. A[redacted] M[redacted] IMC (35)

CLINIC IDENTIFICATION 5.10.88

The clinic is situated in the village of G[redacted] which belongs to Markaz-e-Kapisa.

The Amir is Ustad Farid, the commander is Comm. Faisul Rahman.

Party affiliation is Hezb-i-Islami Hekmatyar.

The clinic has been at this site since 3 months ago. Prior to that it was mobile.

LOCAL HEALTH CARE PICTURE

Markaz-e-Kapisa is a small area around the provincial capital Mahmudraqi, just south of the district of Kohistan. Mahmudraqi is controlled by government troops.

The district of Kohistan is a broad and fertile plain just at the south of the Panjsher valley. We couldn't obtain an estimation on the population, but the region seems pretty densely inhabitated. The alaqadari (subdistrict) Bulaghain to the east, belongs administatively to the Kohistan district.

G[redacted] D[redacted] and A[redacted] M[redacted] know very well the three other IMC healthworkers of the clinic at Qala-e-Naw in Kohistan. They are all friends, work in the same party and visit each other regularly.

Apart from this other IMC clinic they say that there are no other healthworkers in the whole Markaz-e-Kapisa, district Kohistan and alaqadari Bulaghain.

They do not know A[redacted] F[redacted], a MTA healthworker who is said to work with another man trained by MTA in the village of Jamalagha. This clinic works since 3 months there with Hezb-e-Islami Gulbuddin.

Our guide met R[redacted] K[redacted], a MSH healthworker in the bazaar of Jamalagha where he works since 1 month.

There are two shops that sell medicine in Kohistan: one in the bazaar of Jamalagha (2 hours on foot) and one in Qala-e-Naw. Markaz-e-Kapisa has one such shop in the bazaar of Deh Bali (Deh-e-Baba Ali), 1 to 1 1/2 hours away on foot. The medicine is expensive and of bad quality (often expired), the IMC healthworkers say.

There are no contacts with dai or traditional healers.

The nearest governmenthospital is at Kabul some 4 hours away by car. Women, children and old men can go there for medical health, but they don't go often because this hospital has a bad reputation in the area here (stories that patients are killed in the hospital).

PERSONNEL

* A[redacted] M[redacted], 25 yo. from Kohistan. Completed 8-month IMC training, third class.

* G[redacted]n D[redacted], 25 yo, from Kohistan. Completed 8-month IMC training, second class.

There are 3 ancillary clinic personnel, a cook and two guards.

The health workers receive 2,000 Rs. per month, the ancillary receive 6,000 Afg. per month. These salaries are paid by IMC.

Clinic expenses are 2,500 Rs. per month paid by IMC, they say this is just enough.

MEDICINE AND SUPPLY

All medicine comes from IMC except for a little medicine they buy in the bazaar of Jamal Agha, a two hour walk away. They buy vitamin C syrup, analgesics, and calcium.

If a medicine is out of stock they write prescriptions, when it is all gone they go to IMC in Pakistan for more.

The last supply came 3 months ago, they don't know how much by weight. They complain it is not as much as it used to be.

The medicine came with an 11-clinic supply caravan. Two IMC monitors accompanied the medicine.

A hired truck brought the medicine from Peshawar to Azam Warsak, a 2 day trip. Another truck brought the medicine to Ghorband, a 9 day trip. From Ghorband it came by horse, 3 days to Ghorotak.

In Pakistan 50 Rs. was paid to the Pakistani police. In Hazarajat they had to give 3 cartons of medicine and 5,000 Afg. in order to pass.

4 bags of medicine were lost in a bombardment when 2 donkeys disappeared. Therefore not all the medicine arrived, and a lot of syrups were damaged from transport by horse.

The Hezb-i-Islami IMC medics (two clinics) in Ghorband tried to take the medicine from the two Jamiat IMC clinics, but the medics

of the Hezb-i clinics in Markaz-e-Kapisa and Kohistan said the medicine belonged to them, and so the medicine passed with the Jamiat clinics getting their medicine.

The route is closed for 3-4 months in winter.

Storage is in a good room at the clinic.

For supply line, they suggest that IMC train medics in Hazarajat so that medicine travelling through Hazarajat isn't taken. Also they note that vehicle transport is better than horses.

No medicine is in oversupply. Medicine in undersupply includes analgesics, antiobiotics, IV solution, vitamin syrups, and all kinds of injections.

SITE VISIT

The clinic is located in a settled area, near to the province capital Mahmudrakey. Formerly the house compound belonged to a communist, now some rooms are used by the mujahideen and two rooms are used as a clinic, one room for consultations and one room for dispensary. The clinic rooms are in good condition. They say a Russian post is 1 km. away.

We arrived at 10:30 a.m. A[redacted] M[redacted] was at work. Many women and children are waiting to be seen, in fact initially there were no male patients. G[redacted] D[redacted], who brought us here, began to dispense meds when we arrived.

The consultation room is 12 x 20 ft. with 2 big windows. The floor is covered with a rug. It is like a guest room--there are toshacks on the floor--with desk, chair, and bench sat one end for consultations. Patients wait outside the compound wall, then are brought inside, the flow of patients controlled by a guard at the gate. There are BP cuff, stethoscope, otoscope, thermometer, and green book on the table. Other equipment includes urinary catheters, a broken scale, an autoclave that they use every 2-3 weeks, and some surgical instruments. They had brought a microscope but it was lost in Ghazni in a helicopter attack. A[redacted] M[redacted] sees a steady flow of patients, most with trivial complaints.

The dispensary is 12 x 20 ft. with large window through which medicine is dispensed. The medicine is set out on 2 benches, there are no other shelves or cabinets. Presentation is clean and orderly. Procedures are performed in this room, but we did not see any today.

The flow of patients is controlled and organized. Temperatures and blood pressures are checked fairly often:

* 10 yo F c/o sore throat x 1 yr Dx: Viral tonsilitis PE: Temp normal Tx: ASA, Vit-C tabs

* 5 yo F c/o fever at night, insomnia PE: Temp 38.5, ears and throat OK Dx: Typhoid Tx: Chloramphenicol, paracetamol, MV

* 40 yo M c/o abdominal pain, epigastric pain, lower back pain. PE: Abdominal exam Dx: Worms, back pain Tx: Vermox, Pursennid, paracetamol

* 30 yo M c/o sore throat x 2 yr PE: Temp 36.5, throat a little red and a little swollen Dx: Viral tonsilitis Tx: ASA, Vit C, prescription for lozenges from bazaar

* 10 yo M c/o trouble breathing, nerve injury left leg Hx: Received injection elsewhere 20 days ago PE: clubbing of fingers and toes, labored breathing, thin physique, scoliosis Dx: COPD (TB?, Cystic Fibrosis?) Tx: Iron syrup, liver extract, B-complex

* 6 yo M c/o urinary incontinence Dx: Urethral fistula without infection. Patient has been to Kabul and is back with a long prescription list. D[redacted] wonders should he insert a urinary catheter. We say no, he needs to see a urologist for minor surgery, that a catheter may only lead to infection. We wonder if this problem isn't secondary to circumcision some time ago.

In the afternoon, the clinic is open from 2-4 p.m. After lunch A[redacted] M[redacted] left to see an urgent home case, while D[redacted] stayed to do consultations.

D[redacted] functions as as visiting doctor near his house, using the IMC Kohistan clinic (56) as a base. We saw three home patients on 4.10.88:

* 30 yo M with fractured right femur and right hand injury resulting from a mine accident (examining a mine). A full leg cast and 1/2 spica was applied 5 days ago. The cast work was good--good leg position, good joint immobilization, window in cast for cleaning wound. Also a cast applied to hand. BUT he is receiving needle injections of B-complex and ampicillin. There is also the fundamental question of whether a cast is appropriate for this femur fracture.

* 20 yo M with shrapnel wound to penis. Dressing is clean. A catheter was inserted 10 days ago and is working well without complictions evident. We advise to discontinue the ctheter as soon as possible.

* 40 yo M with BBI to right forearm. Had large blood loss. Dressing is clean and dry. Circulation and sensation of right fingers is no problem. Is receiving IM antibiotic. We advise to switch treatment to oral ampicillin.

There is a latrine on the premises. Medical waste is burned, the clinic grounds are clean.

Water supply is from a canal 25 meters away. Water quality was poor.

They have yet to buy a woodstove and wood for the winter, this is paid for by IMC.

The clinic has two teeth extractors and one elevator. So they pull out teeth with anesthesia.

The clinic keeps regular hours, from 8-12 and 14-16. Normally they work together in the morning. Some afternoons the clinic is closed while the two workers go on home visits. The clinic is closed on Fridays, although home visits are made on that day.

They sometimes keep a patient overnight, but only rarely because they have no good hospitalization facilities. Most really sick patients are visited in their homes.

There is one pharmacology reference book, but no other reference texts present. There are no health education posters.

GREEN BOOK REVIEW

The green books have gone back to Peshawar, except one. Instead of making entries every day, they save daily chits and enter a month's worth in to green book at one time. They have bags of hundreds of chits yet to be entered for the last month.

Period 6.1.67 to 6.6.67. There were 164 patients in 6 days, or 28 pts/day. The treatment section is completely blank.

Approximately 40% of pts are women, 30% children.

The recorded diagnoses reflect standard OP pathology--GI complaints, body pain, respiratory problems, dermatologic problems. The picture of practice is not possible from this incomplete green book, however, from clinic observation the prescriptions seem appropriate.

PRACTITIONER INTERVIEW

They have learned amputation, but have never performed it.

They say they have 60-70 patients per day. Of these 30% are women, 30% children, and 40% men who are mostly mujahideen. About 10% of patients are "wounded", they say.

The three main causes of death in the district are:

* Cholera
* War
* Contagious diseases of childhood

The last three clinic mortalities were:

* 45 yo F with abdominal cancer
* 25 yo F with bomb blast injury
* 5 yo M with bomb blast injury

They say the biggest health problem in the region is cholera, that 25 people died of it in one month this summer.

They would like it if IMC was able to supply them with winter coats, boots, and a small weapon because the party won't supply these things.

For the future, the health workers would like further training, that maybe in peacetime IMC will have classes in Kabul and they will surely go.

For future health systems, they say every district should have a hospital or a clinic. For Markaz-e-Kapisa and Kohistan they would like the 5 IMC Kapisa medics to be able to work together in a hospital. They locate a central site at Reg Rawan.

COMMENTS

This clinic provides good ambulatory care. A[redacted] M[redacted] is good at diagnosis and treatment. There is an abundance of women and children patients.

A[redacted] M[redacted] mostly delivers the primary care, while D[redacted] manages the dispensary, performs home care, and commutes to Kohistan regularly. D[redacted] has close ties with the IMC Kohistan clinic at Qala-e-Nao village.

The 5 IMC medics in Kapisa work well in their clinics and are all good friends. With further training, they might very well manage to practice together in a central hospital facility.

59. [redacted] (IMC #21) [redacted] (FM #22)

CLINIC IDENTIFICATION 7-9.10.88

This facility is formally the General Hospital of the Central Zone of the Shura-e-Nazar, Jamiat party. It is just upstream to the NE of Rokha village in the Panjsher valley, ten minutes away by foot.

The Amir is Ahmad Shah Masood. Responsibility for the hospital rests with Dr. Walid.

The hospital was formerly a hospital of the Russian occupation forces, who left in May 1988. It has been functioning now as a General Hospital since 40 days ago.

LOCAL HEALTH CARE PICTURE

The Panjsher valley is part of a larger health care system administered by the Shura-e-Nazar of Jamiat. The Shura had established 4 administrative zones, one of which, the Central Zone, includes the Panjsher, as well as Kapisa, north and west Kabul, and all of Parwan. The Health Director for this zone is Dr. Walid, based in Rokha.

The implementation of the health system in this zone began only two months ago, in fact only the Panjsher region of the Central Zone is centrally administered and controlled. Dr. Walid's responsibilities include setting clinic locations, allocation of medicine, and health worker assignments.

At present there is the central hospital at Rokha, six clinics, and two sub-clinics in the Panjsher system.

* Rokha Hospital, see [redacted] (#59)

* Anaba Infectious Disease Ward, affiliated with Rokha Hospital one hour away by car. It functions as an OP clinic with rooms for hospitalization. One graduate doctor and 5 health workers are there. This clinic has been operating 17 days.

* Shuttul clinic, located in the small village of Deh Kalan. Six health workers are there. The work here began 3 days ago, and the building is still under construction.

* Changaram clinic, near to Bazzarak village. Is still under construction, should be operating within one month.

* Safed Shir clinic, at the village of the same name. Is still under construction, should be operating within one month.

From the nearest village, it is a 1/2 hour trip by car and 45 minutes to 1 hour by foot.

The hospital began to perform surgery in the summer of 1987. The normal patient load is 40-60 pts. per day. The patient load is light just now because of harvest time. Approximately one-third of the patients are women. Women generally permit auscultation of the back at physical exam by Afghan male nurses. The Hazara are less reluctant to be examined than Pushto women. The hospital performs gynecological surgery.

One building houses Afghan nurses who perform out-patient consultations since six months ago. They mostly diagnose and treat, and refer more complicated cases to the French doctors.

There is a laboratory with a trained lab technician for basic blood, urine, stool, and sputum examination.

There is an X-Ray room and working X-Ray machine (Chinese F-30) since 4 months ago, and a trained X-Ray technician.

There is a basic operating room capable of general anaesthesia and having oxygen and suction. There is a good supply of surgical instruments and supplies, including an autoclave. Also there are 2 poupinels for dry heat sterilization.

There is a a male hospitalization room next to the operating room, with overflow beds in nearby tents.

There is a separate building behind the complex for housing women patients. The staff there is Afghan, headed by the female expatriate doctor.

There is a new surgical building under construction. It will have one room for dirty procedures (60% of total) and another room for sterile cases. There is also a nurses dormitory under construction.

A generator is present to power the X-Ray machine, surgical equipment, lights, etc.

There is a pump for pumping well water, and also a clear spring for water 20 meters away. The new surgical building will have a rooftop tank water supply from the well.

Heating is by means of wood stove, although kerosene heaters will be installed for the new surgical building.

80% of the patients seen are surgical cases. There is a history of referrals from other clinics, but they say now clinics tend to keep these patients themselves. Only a few patients are referred to Peshawar by the MDM doctors. Often a patient who has been successfully treated at MDM afterwards goes to Peshawar for "further treatment" without referral for other reasons, eg. in Peshawar they receive an expense allowance from their party.

* Paryan clinic, at the village of Nawdanak. Three health workers are there. The clinic has been operating for two days and construction is not yet complete.

* Dara-e-Hazara clinic near to Baba Ali. Four health workers are currently there. A new clinic is planned in Pringal village, which is 1/2 hour away from the existing clinic. A ten bed facility is planned.

* Karaman clinic, which is a sub-clinic of Dara-e-Hazara clinic.

* Abdullahkhel clinic, which is also a sub-clinic of Dara-e-Hazara clinic.

PERSONNEL

* Dr. Walid, 31 yo, from Kunduz. Completed 7 years Medical Faculty at Nangrahar University in 1981. Worked 5 years in Kabul city. He left Kabul city 1 year ago and for the last 2 months has been the health administrator of the central zone. He is trained as a surgeon.

* Dr. Sayed Gul. He is a medical doctor specialized in problems of the mouth (Stomatology). He is responsible for dental services.

* Dr. Mustaba. He is a medical doctor graduated from the Medical Faculty at Nangrahar University 5 months ago. He is responsible for the surgical services.

* Dr. Samad. Graduated from the Medical Faculty at Nangrahar University 6 years ago. He is responsible for the internal medicine services.

* [redacted]. Completed 8-month IMC training. Is the primary surgical assistant.

* [redacted]. Completed 6-month FM training. Had worked in Rokha but is away now in Peshawar. Upon his return he will be reassigned to another clinic in the Panjsher.

* [redacted]. Completed Union Aid course 6 years ago. Is responsible for the hospital pharmacy and zonal medicines supply.

* [redacted]. Completed 8-month IMC training course. Is primary assistant in the pharmacy and also works giving consultations in the OPD.

There are sixteen health workers total at the hospital. They come from different trainings, including ones trained at Union Aid, MSH, and some locally trained.

Dr. Walid says he receives 4,500 Rs/mo from the SCA for his salary. The 3 other doctors receive 3,000 Rs/mo. 54 other health workers receive 1,000 Rs/mo. The IMC workers are paid salaries by IMC, the FM worker by FM.

He says these salaries are not sufficient, but are better than nothing.

Clinic expenses run 400,000 Afg/mo only for food, the other expenses he doesn't know because the hospital is just new. These are paid by the party front.

At present there are 10 people receiving specialized training with IMC in Peshawar, 2 people per specialty. These are 6 month courses in dentistry, laboratory, physiotherapy, X-Ray, and electrocardiography.

MEDICINE AND SUPPLY

The main sources of medicine are the SCA and FM. Other medicine comes from IMC, MSH, and the NCA. Medicine is also purchased and brought here from Kabul and Peshawar.

All medicine is brought to a secret depot in the Panjsher, and is brought to Rokha for distribution to all clinics regardless of its origin. The zonal pharmacy system is centralized in Rokha. Requests for medicine come here, and medicine is sent out from here. This affords some control on inventory and consumption of medicine being used in the valley. Eventuallly they would like to put the entire zone under this system.

The last supply of medicine arrived 4 days ago from the SCA. The medicine was brought to Garam Chesma from Peshawar by vehicle, and then by hired horses to Rokha. Travel time from Garam Chesma to Rokha was 14 days. Cost of horse transport was 2,800 Afg per ser. Cost of travel in Pakistan was 230,120 Afg. Total cost for transport by horse was 3,168,054 Afg. The SCA and NCA paid 1,800,000 Afg. for transport.

In Pakistan 1,800 Rs. was paid to the Pakistani police.

The route is closed for 6 months in the winter.

Some medicine was lost when pack animals had an accident. Almost all paracetamol syrup, nose drops, eye drops, and ear drops were destroyed due to breakage. Many tablets were broken into dust.

Some prescriptions are written for medicine like health tonics and muscle ointments. There are 3 pharmacies in the Panjsher where people can get their prescriptions filled.

Dr. Walid says the way would be easier if the medicine could come by vehicle via Ghorband, but it is impossible because Hezb-i-

Islami Hekmatyar controls the way and the medicine would never be able to pass.

Dr. Walid says there is oversupply of Trisil, Vermox, and tetracycline eye ointment. There is undersupply of almost everything else, especially vitamin injections, cortisone injections, Atropine injections, morphine injections, antibiotic injections,

SITE VISIT

The work of the IMC and FM personnel was not observed because of the three, two were away from the hospital and one, W[redacted] M[redacted], works in surgery and there was no surgery during this time.

The hospital is a former Russian facility just off the road NE of Rokha. It was abandoned by the Russians in the spring of 1988, and the buildings were mostly stripped inside but not destroyed.

There are two main buildings here, one for surgery and surgical patients, and one for out-patient services, dentistry, and medical patients. There is also a third in-patient facility, also Russian, for infectious diseases, it is an hour away by car at Anaba. The three facilities have a total of 38 beds.

Work is in process for re-wiring the buildings and replacing doors and windows. The construction is much better than most places we've seen--painted plaster walls, lumber beam roof supports, galvanized steel sheet roofs. The wood for making doors and frames is very expensive, but most have been replaced.

The hospital is clean and well-organized, eg. Pharmacy, OR, procedure room, X-Ray room, Laboratory, 2 bathrooms, a dining room, a recovery room, and office. They are operating without any oxygen, suction, or electricity, even in the OR. There are numerous amputations from mine-injured patients. The personnel seem to be working well together. The OP section runs a busy practice, they say they saw 393 patients in the last 3 days.

The supply of surgical equipment and instruments is scant given the scope of surgical services, but more of these should be coming. Several generators and X-Ray machine are present but not yet in use. A number of new beds are here as well. There are 3 autoclaves in use. There is one microscope. Also there is one AVICEN refrigerator for keeping vaccines cold.

Dr. Walid reports that 1,600 children have been vaccinated, plus some women for tetanus. This work is in cooperation with AVICEN.

There are dental instruments and complete dental services including filling cavities and making dental prostheses.

There is no latrine in use on the premises. There is human excrement all around, and a lot of waste paper and used supplies littering the clinic grounds including discarded needles and syringes.

Water supply is from a spring 500 meters from the hospital.

There are 20 diesel stoves for heating in the winter. Each stove burns 10 liters per day, one liter of diesel costs 50 Afg. Heating is required 5 months a year.

Hospital transportation includes 3 horses, 4 motorcycles, and a Russian jeep for Dr. Walid.

Referrals are almost always to the Jamiat Hospital in Peshawar, eg. fitting of leg prosthesis, TB treatment, for osteomyelitis, cardiac disease, physical therapy, and ENT surgery.

Homevisits have been done in the past, but now Dr. Walid wants to stop with any form of home care because it takes too much time and energy from the clinicworkers.

GREEN BOOK REVIEW

Two green books have just gone back to Peshawar. Another is in use in the OP Department. Otherwise, they are using homemade record books using information equivalent to the green book.

The period in this book is 19.5.67 to 13.6.67. This is 900 patients in 24 days, or 36 pts/day. They had told us that in the last three days they saw 393 patients.

Approximately 25% of patients are women, 10% children.

Green book entries include:

#273 Dx: UTI Tx: Baralgin ampule, B-complex ampule, Ampicillin

#280 Dx: Renal Colic Tx: Penicillin, nitrofurodantin, Hyoscine amp, Vit-C amp.

#284 Dx: Amoebiasis Tx: Metronidazole

#302 Dx: Gastritis and chronic bronchitis Tx: Penicillin, hyoscine, 2 illegible

#313 Dx: Rheumatic arthritis Tx; Penicillin, phenylbutazone, dexamethozone, topical cream, chlordiazepam.

#385 Dx: Eczema Tx: Hydrocortisone cream, Avil

#396 Dx: Grippe Tx: Actifed tabs

There is an unusually high incidence of "renal colic", probably 5-10% of all diagnoses. Otherwise the usual GI, respiratory, dermatologic, and joint problems. Few cases of TB seen. No typhoid seen. Some questionable excess use of IV and IM meds.

There is a serious attempt at good record-keeping; all record forms except green book are lined by hand. Records are kept for out-patients, in-patients, surgical cases, and discharged patients.

PRACTITIONER INTERVIEW

In the last 40 days Dr. Walid has performed 58 operations. He complains that he works in bad conditions and not well equiped. There is need of a good anesthesia machine, electric suction, instruments for abdominal, thoracic and orthopedic surgery, suture material, and Still catheders for galbladder operations.

The average patientload is 200 patients a day of which 10% are women, 30% children and 60% men. Warwounded patients might represent 5 to 10 % of the patients.

The two main causes of death are reported to be:
* dysentery and infectious diseases in general
* trauma, war trauma mostly

For his personal future he would like to have some more training in gynecological surgery and some refreshment course in anesthesia.

Suggestions for future health care in Afghanistan are:

* Hospitals and clinics must be established throughout the whole country.
* An organised and disciplined health corps that is administrated by a trained and trustworthy person.
* A vast national program for public health and health education. Radio and television should give popular programs on health information, personal hygiene, etc.
* Help must come from all over the world to finance health programs and in general the reconstruction of Afghanistan.

COMMENTS

There is a good program at Rokha. Many good and qualified people are present. The overall program is ambitious, perhaps too ambitious for available resources, but it is an honest effort to create a regional hospital. Assistance comes to here from many committees in Peshawar--SCA, IMC, FM, NCA, MSH.

The Panjsher system is still in its infancy, too new to be fairly

assessed. One problem that stands out to us is that many of the health workers are only locally trained, and do not meet the standards of practice expected of workers trained in Peshawar.

No expatriate medical personnel are permitted to work here, a decision made by Amir Massoud, because it could cause bad propaganda.

The Arabs are willing to support the hospital, but if this happens Dr. Walid says he will leave here and go to Peshawar. He has been offered 10,000 Pak Rup salary a month if he agreed to work for Arab committees. He refused.

Hospital food is supplemented with the MCA BP-5 protein biscuits from the NCA which are highly recommended by Dr. Walid for promoting healing, and by patients for taste.

Dr. Walid has done a lot of organizing work in a short time. But he is a surgeon and is more interested in working as such.

Being the main responsible for a whole health system he was not prepared to let the monitors interview other healthworkers.

66. F[redacted] H[redacted] MTA (23+)

CLINIC IDENTIFICATION 11.10.88

F[redacted] H[redacted] says that the "clinic" is located in his house in M[redacted] village, then he says there is a clinic under construction in Changaram village one hour from his house, then he says he is working in a kararga in M[redacted] village under Comm. Habib.

Until one week ago he had been the chief doctor at Darah-e-Hazara clinic near Baba Ali village, working there for 14 months. This is where we interviewed F[redacted] H[redacted]

Party affiliation is Jamiat, amir Ahmad Shah Massoud, and he should be working for the Health Director of the Central Zone, Dr. Walid. The local commander at Manjawar is Habib.

LOCAL HEALTH PICTURE

See the Panjsher health care picture for #59 W[redacted] M[redacted].

PERSONNEL

F[redacted] H[redacted] says his clinic is staffed by himself and two other health workers.

* F[redacted] H[redacted], 24 yo, from Manjawar. Completed the first course of MTA.

* D[redacted], 45 yo, from Manjawar. Is a nurse assistant who studied and worked in Kabul.

* S[redacted] A[redacted], 23 yo, from Manjawar. Has completed a six-month health course of Dr. Sahar in Takhar.

F[redacted] H[redacted] says he has not been back to Peshawar since he graduated, and that he received some salary at that time but that he has not been receiving any salary since that time. He doesn't know if the others receive salary or not.

MEDICINE AND SUPPLY

F[redacted] H[redacted] says he received a 3 month supply of medicine from the SCA about one year ago, but has not received any medicine since that time.

The medicine at the Darah clinic came from the central depot of the Panjsher. When they need medicine they request it to Rokha. Now, however, F[redacted] H[redacted] is evidently independent of the Central Zone system.

There is no comment on the medicine supply line.

SITE VISIT

No site visit was done because we had already passed his village and it was not possible to return down the valley.

GREEN BOOK REVIEW

No green book was available for review.

PRACTITIONER INTERVIEW

F[redacted] H[redacted] is trained in amputation and says he performed a leg amputation with Dr. Maroof one year ago and that in Darah he performed three amputations, two of the hand and one of the toe. Anaesthesia was performed with Ketalar or spinal anaesthesia. He says he could have used more and better instruments for this procedure.

About one year ago he assisted with three laparatomies, with good result.

He says that in his practice now he sees between none and 5 patients per day. 1/3 are women, 1/3 are children, 1/3 are men. The people in Manjawar are more open to come for medical care than at Darah, he says.

He says the two main causes in his district are typhoid and tuberculosis.

He has seen 3 mortalities in the Darah clinic:

* Urinary obstruction in a 6 mo old child
* 50 yo mujahed with bomb blast injury to arm, leg and thorax. He died after his arm was amputated.
* 17 yo M with mine blast injury who died during amputation of his leg.

For the future F[redacted] H[redacted] would like to study more. He says if necessary, he will work anyplace so long as he can work.

He suggests that every place in Afghanistan have at least one clinic for the people.

COMMENTS

It is clear that there is a conflict between F[redacted] H[redacted] and Dr. Walid, with F[redacted] H[redacted] leaving his assigned clinic to work on his own.

It appears that he has a very marginal practice in his home village of M[redacted]. Even he says "My work is not good", ie he sees few patients and is working far under his capabilities.

It is too bad that F[redacted] H[redacted] is not integrated into the Central Zone system, especially since his surgical skills could be utilized at Rokha hospital. We urged him to come to Peshawar to discuss his situation with his support committee, MTA.

67. [redacted] FM (26)

CLINIC IDENTIFICATION

The clinic will be located at [redacted] village, which is in the Panjsher near Bazzarak, when construction is completed. Until then he is not working.

Party affiliation is Jamiat, under amir Ahmad Shah Massoud, and under the direction of Dr. Walid of the Central Zone.

Before now, [redacted] had been working with [redacted] [redacted] (#66) at the Darah clinic.

LOCAL HEALTH PICTURE

See the Local Health Picture for [redacted] [redacted] (#59).

PERSONNEL

[redacted] does not yet know who will be working with him in the new clinic. They will be assigned by Dr. Walid.

MEDICINE AND SUPPLY

[redacted] had returned 12 days ago with a supply of medicine from FM. This was 38 ser for 6 months.

A FM truck brought the medicine from Peshawar to Garam Chesma. The medicine was loaded onto horses at Garam Chesma and brought to Dasht-e-Rewat in the Panjsher, travel time 7 days. The cost was 2,700 Afg per ser. A truck of Jamiat transported the medicine to the central hospital of Rokha. From there this medicine is distributed to the different clinics in Panjsher according to the need. The central medicine store however is hidden on a secret place.

In Pakistan they had to pay 100 Rs. to the Pakistani police.

All medicine arrived in good condition. FM paid the total cost of transport.

SITE VISIT

The clinicbuilding was still in construction; we only saw some walls made of rock when we passed through Bazzarak.

Observation of the hospital was short, at the request of MDM in Peshawar. We did not have permission to observe and assess the Afghan health care workers.

At 5 p.m., on the way back to the valley from the doctors' residence, a clinic nurse in a Russian Jeep had come to bring the MDM doctors to the clinic for two mujahid patients with leg wounds. One was wounded in the left femur, with a large exit wound. His blood was typed and X-Ray taken. The other was wounded in the right tibia. It was a smaller wound but there was no pedal pulse and the foot was swollen. They had been in transport for 2 days.

We observed the X-Ray procedure and insertion of tibial pin in the OR. Anaesthesia was Temgesic and diazepam. The procedure was done in 20-30 minutes. Patient was then taken to a tent bed where tibial traction was applied. This work was done by the MDM doctors with assistance of the Afghan nurses.

While working on these patients, another patient arrived. He had a BBI to the left axilla and chest. X-Ray was done. Then he was taken to the OR for insertion of chest tube to relieve a hemo-pneumothorax.

The Afghan nurses sent the vehicle for the MDM doctors, they prepared the patients and the surgical suite. The lab work and X-Rays were ready when the doctors arrived.

The X-Ray log shows 354 films from 23.5.88 to 20.8.88.

Medical wastes are incinerated in a hole, but an incinerator is planned to be constructed.

MEDICINE AND SUPPLY

All medicine and supplies, except for vaccines, come from MDM. They are transported from Peshawar by truck accompanied by mujahideen. A sub-commander of Amin Wardak is responsible for transport. Trip time from Peshawar ranges from 3 days to 20 days, varying due to spring flooding and fighting between Afghan groups.

The medicine is packed in metal trunks. The keys for the trunk locks arrive separately to protect against pilferage. Medicine is seldom damaged.

The medicine is kept in a well-stocked pharmacy building near to the doctors' residence. The door is kept locked. The MDM doctors themselves are the only ones with direct access to the medicine.

A nearby cave dug into the hill by the mujahideen, quite an extensive one, contains stockpiled medicine. One wing of the cave contains weapons and ammunition, and is mined.

GREEN BOOK REVIEW

No green book was available for review.

PRACTITIONER INTERVIEW

S[redacted] has been trained in amputation and performed six amputations here. He amputated 1 hand and 1 foot together with F[redacted] H[redacted] (#66). The results were good he says, also for the other amputations (2 of the hand, 1 leg, 1 toe).

He assisted with three laparatomies with Dr. Maroof. One patient died in 5 days, the others had good result.

S[redacted] says the biggest health problem in the district is the war, especially mine injuries. He says that in general, another big problem is that the people prefer injections over pills and they especially don't like white pills that are not in a package. Because of this a lot of people go to bad practitioners who will give them injections, or go to the bazaar and buy their own medicine without knowing what it is.

For himself, S[redacted] would like to continue his studies in medicine, but the problem is that he has no money to pay for it. Otherwise he will continue to work as a health worker.

For the future he suggests a heavy emphasis on public health--preventive medicine, vaccination, and health education. He also suggests a good network of clinics all over the country.

S[redacted] says he likes the discipline of the health system in the Panjsher because misuse of the medicine is not possible.

COMMENTS

We were only able to interview S[redacted] for a short while, and therefore have no fixed impression of him in regard to his work. He was friendly and cooperative.

HEALTH WORKERS IDENTIFIED FOR MONITORING BY THE CMC, BUT WHO WERE NOT MONITORED

44. IMC MEDICS (17) NERKH, WARDAK

Unable to visit, travel to Nerkh deemed too risky. Clinic was monitored by Dr. Berrard Falliu in July 1988.

45. HOMAYUN MTA (35+) BAGHAK, SHNEEZ, WARDAK

We tried to locate him in all of Wardak, but no one knew of him. Upon our return to Peshawar, we learned from MTA that he had been in Peshawar.

58. AHMED FAHIM MTA (38) JAMAL AGHA, KOHISTAN, KAPISA

Unable to arrange escort to clinic, and medic was reported to be in Peshawar. Was known to the IMC medics in Kohistan, who said the clinic had been working for 3 months there under Amir Ustad Farid, in Jamal Agha. In fact there is a second worker there who is from Mazar-e-Sharif, who also left for Peshawar 1 1/2 months ago. We heard this information 5.10.88.

62. MOHAMMAD NASIR FM (22) BAZZARAK, PANJSHER, PARWAN

He was reassigned to the Jamiat hospital in Farkhar, Takhar, according to Dr. Walid.

70. WASIR FM (23) PANJSHER

Whereabouts unknown, nobody had heard of him.

71. RAIS AHMAD FM (22+) PANJSHER

Whereabouts unknown, nobody had heard of him.

72. SHIRIN AGHA FM (24) PANJSHER

Had returned to Peshawar for further study, per Dr. Walid.

73. ABDUL WARAS MTA (39) PANJSHER

According to Dr. Faqiri (#68), had been reassigned to the Jamiat hospital in Farkhar, Takhar. Is unknown to Dr. Walid.

APPENDIX A:
GRADUATE PHYSICIANS ENCOUNTERED ON THE MISSION

We met the following **13** bona-fide doctors during the mission:

* DR. SHAH JEHAN (#5) at Kakrak/Jaghatoo, Ghazni. Graduated in general practice. Is working without any outside support. NOTE: Since our visit, and at our recommendation, some medicine has been supplied to him by the SCA. Party is Harakat-e-Islami.

* DR. SAYED NASIR MIRI (#8) at Nohburia, Khoaaja Maari, Ghazni. Is working with some SCA support, the clinic has begun working in Aug. 1988.

* DR. NIK MOHAMMAD ALOYI (#8) at Nohburia, Khoaaja Maari, Ghazni. Is working in partnership with Dr. Sayed Nasir Miri.

* DR. SARWAR (#15) at Band-e-Sultan, Jaghatoo, Wardak. Receives support from the SCA for 4 clinics. Is not graduated but has had 6 years of medical faculty.

* DR. BAKHI (#23) at Baghak, Shneez/Sayed Abad, Wardak. Is an orthopedic specialist working with IMC at an IMC clinic. Has just begun this work.

* DR. MOHAMMAD AMIN JAN (#28) at Eriab, Jaghatoo, Wardak. Is running a small fee-for-service clinic and pharmacy in the village. Until one month ago had been a staff physician at the civilian hospital in Ghazni city.

* DR. TAHIR (#39) at Syahpetaw, Jalrez, Wardak. Is a health worker in a clinic supported by the SCA.

* DR. KARIM (#46) at Qala-e-Shake, Paghman, Kabul. Has been working with the mujahideen inside for 10 years. Has experience in maternal-child care. Knows many surgeons in Kabul, who help him with surgical cases and who send medical supplies from Kabul hospitals. Had been supported by the SCA but now mostly obtains medicine through the party. Is the chief of this clinic supervising 4 other health workers.

* DR. WALID (#59) at Rokha, the Panjsher, Parwan. Is the Health Director of the Central Zone of the Shura-e-Nazar. Is a trained surgeon and is active performing surgery at Rokha hospital, as well as managing the Panjsher health system. Support comes from a variety of committees as well as Jamiat party.

There are 4 doctors who work with Dr. Walid in connection with the Rokha hospital:

* DR. MUSHTABA, is responsible for the Surgical Ward.
* DR. SAMAD, is responsible for the Internal Medicine Ward.
* DR. AHMAD SHAH SHUKAMA, is responsible for the Infection Ward.
* DR. KHALIQ, is assigned to one of the outlying clinics.

Medicines are distributed from the pharmacy to the hospital and to the dispensaries in Maama and Chak.

A spot check of medicines shows that all are current. The CMC Standard List of Medicines was received here 5 days ago. One MDM doctor says an inventory of the medicine is taken monthly.

GREEN BOOK REVIEW

No green books were available for review, nor were other patient registers examined.

PRACTITIONER INTERVIEW - [redacted]

Has worked with MDM for two years. In addition to training at FM he has studied for 15 days at the MRCA hospital in Quetta. He also has worked for 4 months at a German-Afghanistan Committee (GAC) clinic at Gul Mohammad front in Ghazni.

He reports the three maincauses of death in the district to be

* Dehydration because of diarrhea
* Tuberculosis
* The time delay before wounded people arrive here which results in heavy infections, tetanus, anemia, shock, etc. The bad shape in which most patients arrive makes good surgical results more difficult to obtain. Reasons for this time delay are distance, no means of transportation, bad roads, people go first to see the local traditional healer and come only when it is really obvious that his services don't help at all.

He says his biggest health problem is the uncontrolled and exaggerated consumption of medicines by the population.

For the future, he intends to continue this work and would like to study more in order to be able to provide first quality health care.

His suggestions for future healthcare in Afghanistan are

* Construct hospitals in the valleys, not only in the cities
* Construct healthcenters for mother and childcare
* Train ladies in delivery, mother and childcare, general medicine, etc.

He has been trained in amputations at FM, but never performed an amputation alone. He assisted however at many operations in the MDM hospital and is still learning a lot.

PRACTITIONER INTERVIEW Z[redacted]

Zarmail had the same answers as A[redacted] J[redacted] and agreed with him on all items.

He learned to do amputations at MTA and performed one of a hand and another of a leg at the MDM hospital under supervision of the expatriate surgeon. The operations were succesfull because of the advices and the help of the surgeon he said.

One month ago some Arab people came to ask him to work for them in their clinic in Kalandeh. These people tried to convince him with religious arguments and a salary of 3000 Rupees per month. He says that other health workers of the MDM hospital have been visited in the same way for the same purpose e.g. J[redacted] the lab technician. All refused the offer.

COMMENTS

We thought all work was done quickly, safely, and competently. A[redacted] J[redacted] had organized all pre-op activity. Z[redacted] was seen to dress a wound in a correct and sterile way. The hospital staff worked very well together to get the work done according to good surgical standards.

MDM has made a decision to expand the hospital at the current site, but with "light" construction. When peace comes for sure they know it is better to be lower in the valley where patients can have better access to care. Amin Wardak, however, determines where the hospital is located.

Commander Amin Wardak offered some insight into problems with local health care in Jaghatoo. He says that:

* Arabs are coming in and creating dissension and trying to undermine existing work. He told them to leave.

* 3-month health workers should only perform first aid, otherwise they are dangerous. (An American newsman staying the night in Jaghatoo told us he had just seen an MSH worker near Kabul preparing to amputate-- case in point).

* The programs in Peshawar do not hold their field personnel accountable. He says there are a lot of workers doing little or no work, while the commanders pocket the money.

The MDM hospital in Jaghatoo is a model facility for other groups considering support for such work. It offers a full range of surgical services. It has produced highly skilled and dedicated Afghan health care workers who, working under the tutelage of expatriate doctors, are competent at a level beyond their level of training in Peshawar. It is a successful approach to generate

high quality Afghan practitioners as exemplified in A[redacted] J[redacted] and Z[redacted]. And MDM has maintained long-term good relations with Amin Wardak.

The MDM hospital is well known even outside of Jaghatoo. It has a good reputation and frequently treats wounded mujahideen and civilians who require surgical intervention who come from a far distance.

Although Amin Wardak is well known outside of Jaghatoo, he is by no means the sole political force in Jaghatoo. There is continually a "soft struggle" for power among the resistance parties and clans present in this place. The atmosphere is unsettled.

The Arabs are rather aggressive in attempting to establish an influence in Jaghatoo, and Wardak in general. They came to Amin Wardak three times to propose that he cease working with MDM and turn to them for assistance in medicine, education, and agriculture. In general the Arabs meet with a cold reception because people wonder why they come now 9 years after the beginning of war, and what are their real motives.

11. A[redacted] J[redacted] FM (36) SEE MDM ABOVE

12. Z[redacted] MTA (37) SEE MDM ABOVE

13. O[redacted] MTA (36+)

CLINIC IDENTIFICATION 24.8.88

This clinic is locally known as the Maama clinic, although the village of Maama is some distance away. The nearest village is C[redacted] which is 1/2 hr. away on foot. Location is Giru valley, Jaghatoo district, Wardak.

There was an original clinic 15 minutes to the east established in January 1987 where Ob[redacted] worked for 7 months, but there was too much bombardment so it was relocated to the current steep valley location. The work began there one month ago.

The clinic is a satellite dispensary of the MDM hospital. The construction cost was approximately 500,000 Afg. Party affiliation is Hezb-i-Islami Khalis of Amin Wardak, but the immediate responsible commander is Comm. Mustafa.

THE LOCAL HEALTH CARE PICTURE

The Jaghatoo population and agricultural characteristics are described under this section, MDM Hospital.

Ob[redacted] says that the "new first-aiders" coming into the area do too much. They write all kinds of prescriptions, they sometimes perform surgery, and they just work out of their houses. One worker, he says, treats most patients with NaCl IV infusions and Librax.

Some shopkeepers down in the villages sell a few medecines but the nearest real pharmacy is in Ghazni city, some 3 to 4 hours on foot.

Also see "A Microcosm of Health Care in Afghanistan; The Picture of Health Care in Jaghatu, Wardak'.

PERSONNEL

Ob[redacted], 29 yo., from Dawlana, Jaghatoo. He is the only health care worker at this clinic. He has worked with MDM for six years and has graduated from the first MTA class in Peshawar.

Salary is 20,000 Afg. per month paid by Amin Wardak, who receives the money from MDM.

There is one clinic cook who receives a salary of 5,000 Afg. per month.

There are two mujahideen assigned to guard the clinic, and they receive no salary.

An expatriate doctor comes to work and supervise for 1-3 days, 2 to 4 times per month.

MEDICINE AND SUPPLY

The clinic medicine inventory is supplied through the MDM hospital. If a medicine is used up, more is supplied from MDM. Normally he receives every month about 30 ser of medicines coming from the MDM hospital by car (up to 3 hours travel).

There are 8 lockers of medicine and 4 boxes of IV solution present in the separate medicine building, plus some medicine in the clinic for daily clinic use.

There is no standard list of medicine present, but he says one is located at the MDM hospital.

If his clinic runs out of a certain medecine he needs for a patient, he writes a prescription for the MDM hospital. He never writes prescriptions for other places.

SITE VISIT

The clinic is actually 3 buildings situated in a small and narrow rocky valley. The residence building and clinic building are situated on the north side of the valley, while across from these is a building for medicine storage. A small spring-fed stream runs down the valley and is the clinic water supply. The clinic is heated with a woodstove.

The clinic building is clean and new, with two rooms, a main consultation/exam room and a small entryway. The main room is well-ordered with a work desk, an examination table, and medicine shelves. There is a curtain hanging from the ceiling for screening patients at the back of the room. The entryway is too small to accomodate bringing a loaded stretcher into the clinic.

Stethoscope, BP cuff, otoscope, scale, urinary catheters, and thermometer are present as well as supplies for typing blood and transfusing blood.

Medical wastes are incinerated on-site. There is no latrine.

A kararga (post) is nearby higher in the mountains which protects the clinic with two anti-aircraft guns.

We saw Ob[redacted] treat just a few patients. On the morning of the 25th a 12 yo M presented with an infected foot secondary to an injury at home. The wound had been treated at another clinic

(Hamza #14) with alcohol, but did not heal. Treatment today was a simple I&D, topical antibiotic, dressing, and systemic antibiotics. At the PE, temperature was taken and inguinal nodes checked. The work was appropriate and skillfully performed.

A 1 yo. child presented with diarrhea. History and PE were good, treatment was 3 packets of ORS and instruction to pt's brother.

A 9 yo child presented with c/o thoracic pain. Asked about fever, asked about sputum, auscultated lungs. Tx was 5 days of erythromycin and referral to MDM hospital for TB sputum check as Ob[redacted] knew the pt's mother had TB.

Ob[redacted] has a quiet and friendly manner and performs appropriate patient assessment and treatment. He appears to utilize his MDM referral center when necessary.

Some patient teaching materials are present in the clinic. There is an ICRC blood donation poster, and a diarrhea-water supply poster.

Ob[redacted] has been trained in teeth extraction and has 2 dental grips and anesthesia, but has no grips for root extraction.

The clinic is every day open from 7 to 12 a clock for consultations; in the afternoon he does the homevisits (mostly some 3 visits a day, sometimes up to 4 hours walking far). Sometimes he goes to the karaga of the mujahidin or to a village that is bombarded, then the clinic is closed. It's also closed when he is away for three days holidays a month.

Patients can stay at night in the clinic when necessary. A mujahid can been sent to the MDM hospital to sent the ambulance to the Maama clinic to get a patient transported to the hospital.

He says he sees between 10 and 60 patients per day. Of all patients he sees, about 3% are war wounded. Some 25 to 30 % are women and 20 to 30 % are children, the rest are men.

The 5 most recent hospitalizations:

* man 20 y. bulletwound in the underleg, no bonefracture, stayed 2 days and cured well and quickly.
* man 35 y. hand blown up by a antipersonal mine, stayed 2 weeks, good results
* man 20y. bullet in tibia, stayed 1 night and was referred to MDM hospital for x-ray and treatment.
* man 25y. bombshell in superficial muscles of the lumbar area, he extracted it, the patient stayed 2 days, good result.
* man 35y. bombshells a bit everywhere, the maxilla was broken, sent to the MDM hospital for x-ray and treatment.

Patients who need care beyond his possibilities are referred to the MDM hospital, there is an ambulance there that comes to transport the patient.

GREEN BOOK REVIEW

There is no green book in use, but a patient register is maintained.

The register shows 3750 patients treated from 4 Jan 88 to 24 Aug 88. This is 125 pts per week, or 21 patients per day (6 day work week).

The record shows 28 pts seen today. One week ago it shows 14 patients seen, two weeks ago 8 patients seen.

Some samples from his register:

#20 Staph skin infection Tx: Ampicillin injection, Ampicillin tabs, gentian violet, Dermozin antibacterial cream

#8 UTI & Gastritis Tx: Bactrim, Paracetomol, Trisil, Hyoscine

The treatments for diagnoses are all appropriate for today's cases, without overprescription. Good management providing the diagnoses are correct. He usually records the med prescribed and number of tablets dispensed, but not capsule strength. He usually prescribes just one or two meds; the examples here are exceptions.

PRACTITIONER INTERVIEW

He reports the three main causes of death in the district to be:

* Wounds of head, thorax and abdomen
* Delivery problems for women
* Respiratory infections

He reports the biggest health problem in the region to be the very low level of hygiene of the population. Also, that a large number of his patients have skin infections.

The last three clinic mortalities were:

* a boy of 2 years with sore throat, developed 3 weeks later pyelonefritis and died of septicemie.
* a man of 70 years of pneumonia.
* a women of 25 year of a delivery problem (dystocie), he came too late, he says.

He has been trained in amputations in the MRCA hospital where he worked for 2 months. He has assisted on many operations in the MDM hospital (16 laparatomies)

For the future he hopes to be able to continue with MDM and to study more.

His suggestion for future healthcare in Afghanistan after the war is that there is a general health system of official clinics and hospitals everywhere through the country. It is necessary to have a severe control on who is able to provide healthcare of a certain quality and who is allowed on providing healthcare and who not. There is a need for a national and centralized system.

COMMENTS

The Arabs of Turgon hospital were here one month ago to recruit Ob[redacted]. He told them where were they when the war began, that he was not interested.

He had stories about "Arab" practitioners in Jaghatoo causing mortalities from analgesic overdose.

He also says other health care workers in Jaghatoo don't like the Arabs, but receive medicine from them and then sell this medicine to pharmacists in the bazaars.

Ob[redacted] was in Jaji last year for more training with Freedom Medicine. The Arabs there told him he was no good for working with Westerners.

Patients often travel past the little Hamza clinic, walking another hour to reach the MDM clinic in Maama.

Ob[redacted] says that he needs a motorcycle for his homevisits or other trips. He loses too much time walking everywhere.

When Ob[redacted] is away which happens often, there is no other health worker present.

1. DR. ABDULLAH JAN SCA (51)

CLINIC IDENTIFICATION 12-13.8.88

Dr. Abdullah Jan, central mobile medical team of Andar (Shulgar) district, Ghazni.

The clinic is affiliated with Harakat-e-Inqelab, Amir Qari Taj Mohammad, also known as Qari Baba. The central team is one of 5 mobile teams moving day to day to houses and mosques. This particular team operates in the area of Tangi.

THE LOCAL HEALTH CARE PICTURE

The Andar region is a broad, flat agricultural area to the south of Ghazni city. There are reported to be 70,000 families living here. Of these, Qari Baba says only ten families left as refugees, moving to Quetta. The war was most intense here 3 years ago. Some 20,000 houses have been destroyed. Displaced families stayed, sharing a house with another family. Only half the arable land is cultivated because of destruction of water supply for irrigation, mostly karezes.

The medical care system in Andar is centralized under the management of Mohammad S[redacted] N[redacted], General Administrator, who has 4 assistants who oversee management and logistics. Mr. N[redacted] has no special background in medical management. There is one central mobile medical team and four peripheral mobile teams: these are in Irgatu area (SW), Qadamkhel area (central), Alamkhel area (SE), and Badwaan area (NE).

In 1978-79 three persons, J[redacted] K[redacted], S[redacted] D[redacted], and Sa[redacted], started to provide wound care and consultations. Over time the number of care providers increased. In July 1985 the Norwegian Committee for Afghanistan (NCA) began support in the form of medicines as well as separate support for agricultural projects.

There is one mobile surgical team of expatriate personnel of the NCA who work are present for nine months of the year. They cover the entire district of Andar moving by bicycle. One NCA team is working together for 3 months and then is replaced by a new team.

The NCA team works in one village for one day, and then moves, for security reasons. The mobile clinics stay in one place for three days to a week before moving.

Also there are four vaccination teams for the north, south, east, and west of Andar. This is a cooperative program between the NCA and AVICEN.

15. DR. SARWAR SCA (32)

CLINIC IDENTIFICATION .26-27.8.88

Dr. Sarwar, clinic at Band-e-Sultan (Band-e-Seraj), Jaghatoo district, Wardak.

It is situated at the east side of the Band-e-Sultan dam overlooking the lake. The nearest village is Kalaminar, a few minutes away below the dam.

Party affiliation is Hezb-i-Islami, Khalis. He works directly with the Amir of Khalis party for Wardak, Maulavi Abdul Mahmood.

LOCAL HEALTH CARE PICTURE

Dr. Sarwar manages 4 clinics in the Jaghatoo area. He says he has more than one clinic "because the people wanted more clinics". The first clinic he established was in the mountains of Gorbad, ([redacted] #17), but it is being abandoned because of the Swedish Committee for Afghanistan (SCA), who told him it was too near to another clinic in Gorbad ([redacted] #46). The other clinics are at Band-e-Sultan (Band-e-Seraj), which is not yet finished; at Gardan-e-Masjid ([redacted] #29); and at Maru, Sayed Abad district.

This 4th clinic was closed the day we were there (6.9.88).

There are 2 workers placed at each clinic with Dr. Sarwar supervising. One worker is trained at the Islamic Relief Agency (ISRA), and two are trained at the ICRC. The other workers have only been trained locally by Dr. Sarwar. The workers rotate from site to site every month, while Dr. Sarwar rotates to another site every 10 days.

Maulavi Mahmood and Dr. Sarwar intend to construct a hospital and secondary school at Band-e-Sultan. The plan for the hospital includes laboratory, OR, pharmacy, OPD, living quarters, mosque. There was no mention of X-Ray or latrines. Groundbreaking for the school was begun with Arab funds, but Mualavi Khalis did not permit the use of Arab money for the project, and work is suspended.

Dr. Sarwar doesn't know the clinic of [redacted] (IMC) which is located at less than an hour walk from Band-e-Sultan and is there since 4 months.

He said that he knows Dr. Amin Jan, who studied in Ninhgrahar medical faculty, worked in Ghazni city, and has now a shop of medecines in the village of [redacted](3 hours on foot) since a good month.

There are two more medecine shops in the district: one in the village of Sadatkhel (half an hour on foot) and one in the region of Ganda Qul of which he knows the shopkeeper [redacted] (4 1/2 hours away by foot).

Dr. Sarwar doesn't know any of the traditional healthworkers nor of any dais.

The nearest government hospital is in Ghazni city which is 1/2 hour away by car and 4 hours on foot from the Band-e-Sultan clinic. It is possible for women and old men to be treated there.

See also "A Microcosm of Health Care in Afghanistan; The Picture of Health Care in Jaghatu, Wardak".

PERSONNEL

* Dr. Mohammad Sarwar, 35 yo. Has studied 6 years at the Faculty of Medicine at Kabul University, ending his studies in 1979. He has experience in surgery (a few months) at Afghan Surgical Hospital in Peshawar with Dr. Ifthicar Rahmat.

He has received medicine and salary support from the SCA for the last 4 years. Last year he first received their "Doctors List" level of medicine supply, and salaries for the 8 health workers working under his direction.

Dr. Sarwar's salary is 4,500 Pak Rs. per month. The other health workers receive 1,000 Pak Rs. per month. The clinic cook receives 5,000 Afg. per month. Salaries are distributed by Dr. Sarwar to his workers every month.

He also receives 1,500 Pak Rs. per month for clinic expenses.

* [redacted] (#17) 22 yo. Home is Jaghatoo. Has worked with Dr. Sarwar for 1 1/2 years. His only medical training has been with Dr. Sarwar. Interviewed at Band-e-Sultan 26.8.88 and was seen at Gorbad clinic 7.9.88.

* [redacted] (#29) 27 yo. Home is Gardan-e-Masjid. Completed a 6 month training course with the ICRC nine years ago in Peshawar. Eight years ago he completed a 9 month medical training course in Iran. He was mujahid until two years ago, when he began a small pharmacy in the Chak bazaar. One year ago he left that work and joined Dr.Sarwar as a health worker.

A COMPLETE LISTING OF DR. SARWAR'S HEALTH WORKERS IS AVAILABLE UPON REQUEST

MEDICINE AND SUPPLY

Most of the medicine comes from the SCA, with small amounts donated from Khalis party.

He says he receives 2 CTD sets for 6 months, but that the supply of medicine is exhausted in 3 months.

When a medicine is used up, the clinics write a prescription so patients can buy medicine in local shops or in Ghazni city.

The last supply left Peshawar on 2.6.88 and arrived in Gorbad on 13.6.88. The main medicine depot is at a place in Surghqol village, where the logistics commander lives. Only Dr. Sarwar has access to the locked medicine supply.

Dr. Sarwar says that the room for medicine storage is in not such good condition, but that it will be shifted to a room at Band-e-Sultan.

The trip took 11 days but could be done in 4 or 5 days when there is no problem with the vehicle. The route is open year around.

The medicine is transported in a truck of Khalis party. Usually a health worker accompanies the medicine, but sometimes a commander.

The SCA paid a 13,000 Pak Rs. transportation allowance which Dr. Sarwar in turn paid to Khalis party.

There was no problem with Pakistani police because of the letter given by the SCA.

Dr. Sarwar's suggestion for improvement is that the SCA itself handle all transportation arrangements. He also complains that the SCA supplies too much chloroquine and too much metronidazole, while there are no anti-diarrhea medicines, eg. Immodium, Lomotil.

He could show us no medicine supply list.

SITE VISIT #1 Band-e-Sultan

The Band-e-Sultan clinic is newly-established, and in fact it is not yet finished. Formerly it was a building for soldiers guarding the dam, which had since been heavily destroyed. The site, overlooking Band-e-Sultan, is also a mujahideen markaz.

The site is in a secure place because the government is not willing to bomb this important dam. One anti-aircraft gun is situated on the clinic roof.

The clinic is a single room in an "L"-shaped building of 5 rooms. It is simple mud wall and log roof construction. The floor is covered with a dirty rug. A curtain hanging from the ceiling screens patients. A small stock of medicine is on the floor in one corner. In another corner is a stock of Kalashnikovs and RPGs. There is a toshack on the floor where patients are seen.

The clinic is formally open in the morning. In the afternoon it is part of the markaz clubhouse where mujahideen come to rest, although a health worker is always present for emergencies.

There is a blackboard in the room for teaching. Dr. Sarwar conducted a teaching exercise for the health workers present on a patient presenting with dyspepsia, hyperacidity, and belching. He says he conducts teaching every morning at whatever clinic he is in.

Dr. Sarwar says they see 30 to 40 patients per day at this clinic. The green book register shows record of 10 pts per day.

He says the clinic sees 40% women and 30% children, and 4 or 5 per cent war-wounded persons.

He says medical waste is burned, but we saw no place where this is done. The clinic does not have a latrine.

Water supply is from a spring 15 minutes walk away. The cook brings it in kettles.

Clinic equipment includes stethoscope, BP cuff, otoscope, thermometer, urinary catheters, and a few surgical instruments. Sterilization is done by boiling and formalin tablets in the storage boxes.

The clinic was only seeing a few patients, but treatment of these patients was observed:

* 3 yo F with burn injury last winter to back of head and back. The neck is contracted from scarring, and on her back was a large area of granulation tissue ringed by eschar. Family had already sought treatment for her at Ghazni city and at the "Arab clinic" at Kalandeh.

Tx: The unhealed area was washed with Savlon (appeared to be undiluted), then Furacin cream applied, and then a dressing. No attempt was made to debride the eschar. Procedure was performed by health worker O[redacted]. We suggested to him and Dr. Sarwar that this case needed some surgical attention due to the severity of the contractures, and that the MDM hospital could manage the case. This idea for referral seemed to be a new concept for them.

* 6 yo child c/o Fever   Tx: Bactrim syrup because there was no Ampicillin syrup.

The clinic does not perform tooth extraction and does not have any dental equipment.

The health workers only rarely perform home visits. Home visits are discouraged by Dr. Sarwar because he says they are too busy in the clinics to take so much time for one patient at home.

For patients requiring overnight care, there is a limit of two nights' stay.

Patients are referred to Kabul if possible, otherwise they are referred to Peshawar:

* 35 yo M Dx. Appendicitis Referred to Kabul with false papers. He received surgery with good result.

* 40 yo M Dx. Hemorrhoids Referred to Afghan Surgical Hospital in Peshawar

* 38 yo M Dx. Sciatica Referred to Afghan Surgical Hospital in Peshawar

SITE VISIT #2 Gorbad #17 M[redacted] O[redacted]

The correct name for this clinic is Mazar-ul-Shohada clinic.

The clinic is a simple two-room building situated high in the mountains of NE Jaghatoo, remote from the nearest village. It is in a lonely place.

On the morning of 7.9.88 (Wednesday) there were no patients coming to the clinic. There was no education of health workers by Dr. Sarwar, who was present. Rudy was here all morning.

There are the basic clinic instruments and medicines as were seen at the Band-e-Sultan clinic.

A latrine is present at this site.

SITE VISIT #3 Gardan-e-Masjid #29 A[redacted] R[redacted]

The clinic is near to the village of Kota-e-Moghul, Chak district, Wardak. Commander is Samar Gul.

The clinic has been operating for 6 months from the house of A[redacted] R[redacted]. The basic equipment and medicines are present as were seen at the Band-e-Sultan clinic, except he had no otoscope. He did have a pressure cooker for sterilization.

There were a few walk-in patients who took some tea and received some medicine. We did not see any register, but many of the patients are probably mujahideen with trivial complaints. This day of the week was Jumma, so the clinic was really not open.

[redacted] frequently travels making home visits in the area. He says he sees about 12 patients per day.

He does not rotate to other clinic sites as the other health workers of Sarwar do.

The clinic offers no dental service, but [redacted] is trained in tooth extraction.

4 months ago [redacted] accompanied the supply of SCA medicine from Peshawar to Wardak. There were 40 ser of SCA medicine and a first aid backback plus three "A" parcels from the ICRC, but he says he forgot the "A" parcels in Peshawar.

From Peshawar to Azam Warsak travel was by party truck, at no cost. From Azam Warsak to Wardak he paid 1,000 Afg. per ser, which the cost of 40,000 Afg. matches the SCA allowance of 4,000 Pak Rs. Travel time was 5 days. All medicine arrived in good condition. He says the road is closed for 4 months during the winter.

Patients requiring referral are referred to Kabul, Band-e-Sultan, and sometimes to the MDM hospital.

* 50 yo M Dx. Heart problem Referral to Peshawar
* 40 yo M Dx. Bronchitis or emphysema Referral to Band-e-Sultan

A new three-room clinic, which we also saw, is under construction at a mujahid camp in the nearby mountains. Construction costs are borne in full by Amir Maulavi Mahmood.

The new clinic has water supply from a good spring.

GREEN BOOK REVIEW

There is one green book that Dr. Sarwar keeps with him. He says he enters patients only he sees from the other clinic registers.

The book shows a starting date of 27.4.88. There are dates, but no pt. serial numbers entered. There are 1050 pts entered in a period of 4 months, or 260 pts per month, or 10 pts per work day. Today shows record of 6 pts, one week ago 12 pts, two weeks ago 25 pts.

* 30 yo F Dx: Hyperacidity Tx: Trisil tabs, Librax tabs, Chloramphenamine tabs, Profed tabs, Aminophylline tabs.

* 30 yo M Dx: UTI Tx: Ampicillin, Trisil, MV

* 13 yo M Dx: Mesenteric disorder Tx: Hyoscine tabs, Diazepam tabs

* 35 yo M Dx: Gonorrhea Tx: Ampicillin, Hyoscine, MV

* 30 yo F Dx: Hyperacidity Tx: Librax, MV

* 40 yo M Dx: Lumbago Tx: Aspirin, MV, Bactrim

The prescription patterns are haphazard and inconsistent. Often appropriate treatment is omitted even though meds are available, or inappropriate treatment is prescribed, eg. antibiotics, tranquilizers. For any standard protocol we would expect to see, for example, Hyoscine prescribed regularly for certain GI complaints, and Ibuprofen or substitute for arthritic conditions.

PRACTITIONER INTERVIEW

Dr. Sarwar is trained in amputation and has assisted in surgery at Afghan Surgical Hospital, but has not performed amputation at his clinic. The same for laparotomy.

He reports the three main causes of death in the district to be:

* Tuberculosis
* Cholera
* Typhoid

He says the last two clinic mortalities are:

* 55 yo M, Intercranial hemorrhage
* 24 yo F, Complications of childbirth

He says the biggest health problems are GI pathology in the summer, and respiratory pathology in the winter. He says malaria, meningitis, and amoebiasis are very rare.

For the future he would like to stay working in Jaghatoo. If possible he would like further training, but he is not interested in practicing in a large city.

Dr. Sarwar's suggestions for health care are:

* Develop agriculture to promote good nutrition
* Build hospitals in the country as well as in the cities

COMMENTS

The Arabs have offered Dr. Sarwar 5,000 Rs/mo 4. They approached him twice about two months ago for him to work at their clinic in Chak, Wardak (Tangi Saidon village). He told them to keep moving on to someone else; he told them without discipline and culture,

he doesn't want to work with them. The clinic there is supposed to have anaesthesia, X-Ray, and lab.

Dr. Sarwar presents an impression of saying a lot and doing a little. His clinics are not so busy and his health workers have a marginal knowledge of patient care. We expected to see better things given his degree of medical education.

We heard from health workers elsewhere that Dr. Sarwar sells medicine and charges for consultations. In checking with the local people we found no corroboration of such allegations.

Dr. Sarwar accompanied us continuously during our stay in this place, and in fact often appeared at places where he had no business apart from "hosting" us. His over-hospitality makes us wonder how busy he really is in his clinic directorship.

Maulavi Mahmood says he intends to build a hospital in his region, headed by Dr. Sarwar. There is no concept of incorporating or consulting with the other health workers in the district in the planning of such a project.

18. [redacted] IMC (32+)

CLINIC IDENTIFICATION 28.8.88

The clinic of [redacted] is called the Barghwalai clinic. It is situated in the Barikol mountains in south Jaghatoo to the west of Band-e-Sultan, Wardak.

The nearest village is 15 to 20 minutes away on foot, the valley below is the Abtala valley.

Party affiliation is Harakat-e-Inqelab of Amir Maulavi Ghulam Sakhi (same name as IMC medic). The local commander is Maulavi Mohammad Omar.

The clinic has been at the present site for 4 months. Prior to that time it had been working at Ganda Qul farther to the north in Jaghatoo for 1 1/2 years. The medic says it was relocated because the old site was "too far from the people", although in fact it was on the plain in the village of Sarteb Baba Khel. In reality there was most probably a dispute not known to us prompting the move.

THE LOCAL HEALTH CARE PICTURE

See "A Microcosm of Health Care in Afghanistan; The Picture of Health Care in Jaghatu, Wardak".

Dr. Sarwar never acknowledged the presence of this IMC clinic even though it is not far (1/2 hour on foot) from his clinic in Band-e-Sultan.

[redacted] seems to know most other healthworkers in the region. It was in his clinic that we met and spoke with two healthworkers of the party of Sayyaf working in the district (#19).

The nearest local shop selling medecine is at the Sadatkhel village some 2 hours away by walking.

The nearest government hospital is in Ghazni city some 4 1/2 hours away on foot and 1 hour by car. It is possible to refer women, children and old men there.

PERSONNEL

* [redacted], 25 yo. From Zarin-e-Kalan in Jaghatoo. Completed the first class of IMC.

* H[redacted] Graduate of IMC. Is not from Jaghatoo and is a member of Hezb-e-Islami Gulbaddin. He was away for 2-3 days to a village where there was supposed to be a cholera epidemic, so we did not see him.

* K[redacted] M[redacted] Is dispenser of medicine.
* N[redacted]. Is cook.
* K[redacted] Is cleaner.

The two medics receive 2,000 Pak Rs. per month paid 5 months in advance in Peshawar. The salaries of other clinic personnel are 6,000 Afg. per person per month.

IMC pays 2,500 Rs. per month for clinic expenses.

MEDICINE AND SUPPLY

All medicine is supplied from IMC, although prescriptions are written for medicines not supplied by IMC. Patients can find medicines to purchase at local shops, in Ghazni city, and in Kabul.

The last medicine arrived in May. This was a 6 month supply of 112 ser delivered by truck.

An IMC monitor accompanied the medicine. He arranged for the truck from Azam Warsak to Jaghatoo. He also paid a small amount of money to the police at three checkposts along the road in Pakistan.

Travel time from Peshawar to Jaghatoo was 5 days. The medicine arrived complete and undamaged. He says the road is closed for 3 months in the winter.

G[redacted] S[redacted] says that it is important for the medicine to be transported separate from other military supplies because otherwise the medicine becomes crushed from the weight of supplies and people sitting.

There is a supply of medicine in the clinic tent, but the stockpile of medicine is kept in G[redacted] S[redacted]'s house 20 minutes away by car.

There is no list of medicine available. He says there is oversupply of Peni V but undersupply of tetracycline, ampicillin, and co-trimoxazole.

Medicine he needs that is not supplied includes anti-diarrheal meds, anti-emetics, and Tagamet.

Aside from the above mentioned personnel, there are no other health care workers present in Andar. There is no contact with local dais or other traditional health care providers. Occasionally, old people travel to the government hospital in Ghazni for treatment. Most people, however, travel to Badani where there is an ICRC first aid station, or further on in Pakistan to Quetta.

SITE VISIT

The mobile clinic we saw was operating in Baghaa village on this particular day, in a guest room of a private house. The room was clean and orderly. The medicine is kept in metal trunks which are then transported from place to place on donkeys. One room was used for consultations of male patients, another room for consultations of female patients. The clinic is guarded by two armed mujahideen.

Clinic equipment did not include an otoscope, but did include BP cuff, stethoscope, scale, urinary catheters, and some wound dressings. Sterilization of supplies is done by boiling. There is a microscope according to Dr. Abdullah Jan, but no lab reagents. Mr. N[redacted] says there is no microscope.

Dr. Abdullah Jan says there are four generators and five refrigerators for vaccination, but that two of the generators do not work. Also he mentions having a portable X-Ray machine with generator, but that it is sent to Pakistan for repair.

There is an ambulance (4x4 Toyota Hilux single-cab) with stretcher and canvas cap donated from the SCA. It serves all the Andar health system, and is mostly used to transport patients to Quetta. There had been an ambulance donated from Afghan Aid, but they took it back.

The clinic observation was very brief. There were a number of men, women, and children present for medical attention. Each patient is seen by a health care worker who writes a prescription for medicine. The prescription is filled on-site by a dispenser.

Each clinic reportedly sees 700 to 800 patients per month. A detailed examination of the green book was not possible becasuse we were not allowed time to review one. However, green books are in use and are returned to the NCA. Dr. Abdullah Jan says that green book records asre maintained during normal clinic hours (8 to 12), but that he sees many other patients later in the day that are never recorded in the green book. Generally, medicines prescribed are appropriate for the diagnosis. In a spot check of expiration dates we found one can of antibiotics expired in June '88, otherwise the medicines were current.

SITE VISIT

The clinic is situated in the rocky hills to the west of Band-e-Sultan, away from the villages on the Jaghatoo plain but not so remote as the clinics seen in Gorbad.

The clinic is temporarily working in a tent. There is a new mujahideen markaz building in front of the clinic protected by one Zikayak anti-aircraft gun and one small machine gun, as well as a dozen mujahideen with Kalashnikovs.

The completed markaz building houses the kitchen, the living room, and the pharmacy.

Behind the markaz is a building under construction that will house the clinic. It will have two consultation rooms separated by a bathroom. Only the roof and woodwork need to be finished. The cost is estimated at 150,000 Afg. which is borne by Harakat-e-Inqelab. The cost of just the mud bricks was 50,000 Afg. There may be another hospitalization room built, but the commander seemed cool to the idea.

The tent clinic is clean and orderly. The dirt floor is covered with rugs. The work area has commonly-used drugs at hand--ORS, Trisil, Flagyl, vitamins, ferrous sulfate, and antibiotics--as well as stethoscope, BP cuff, otoscope, and green book. 48 boxes of medicine are set inside along the sides of the tent.

Other equipment includes a thermometer, scale, and many surgical instruments which appear never to have been used as some were still in the plastic wrapper. He has a microscope still in the box, which he says he never uses.

No patients were present when we arrived at 11 a.m., but the green book showed already 35 patients. After lunch there was a steady stream of patients past 3 o'clock.

[redacted] performed patient examinations in a professional manner. He took time to ask about history and symptoms and was comfortable handling stethoscope and otoscope. Women were examined away in the half-finished clinic building, for privacy. The diagnoses we observed were correct and treatment was appropriate.

* 10 yo F c/o diarrhea Sx: no symptoms PE: temperature checked with tape strip, auscultation and percussion of chest, checked conjunctiva for anemia, checked oropharynx with otoscope.
Dx: Simple diarrhea Tx: ORS, $FeSO_4$

* 35 yo F c/o "not well" PE: BP, lungs auscultated through clothes. Dx: Hyperacidity Tx: Trisil tabs

* 40 yo F c/o "not well" Sx: wheezing PE: BP, lung auscultation Dx: Bronchitis and lumbago Tx: Ibuprofen, tetracycline caps, Folcopin cough syrup.

There is a small spring supplying the clinic with water 25 meters away from the clinic.

The commander will supply a woodstove for the winter.

Medical wastes are incinerated. We did not see where this is done, but there is no litter of medicine boxes and bottles around the clinic, it is a clean place.

There is no latrine.

The medic knows tooth extraction and sometimes extracts teeth. The clinic is equipped with a set of dental instruments and local anaesthesia.

He says he has one hospitalized patient about every two weeks. The last two were:

* 15 yo M with gunpowder burns. He stayed two nights and had no complications

* 26 yo M with constipation. He stayed one night and was better the next day.

He conducts home visits but not too often, he is still new to the area.

When patients need referral he sends them to the MDM hospital 1 1/2 hours away by car or 5 to 6 hours away on foot. He has referred patients with tuberculosis, peptic ulcer with vomiting, and typhoid.

GREEN BOOK REVIEW

A green book is present and in use. Entries are made after each patient visit. His book begins with Pt #2507 on 24.5.1367 and runs through Pt #2981 on 7.6.1367. This is 474 patients in a 14 day period for an average of 34 patients per day.

Approximtely 25% of pts are women and approximately 25% are children. He says about 4% are wound cases, but that the Yellow Book is not present, it is with [redacted].

Number of pts entered 28.8.88: 50. One week ago there is record of 48 pts, two weeks ago there is record of 47 pts.

#2616 3 yo F Dx: Common Cold Tx: Penicillin tabs, Anacin, MV.

#2623 35 yo F Dx: Edema Tx: Dyazide, MV, Trimex

#2701 15 yo F Dx: UTI Tx: Ampicillin, Panadol, FeSO4

#2934 66 yo M Dx: Gonorrhea Tx: Ampicillin tabs

Common diagnoses in the green book include GI infections; malaria; common cold; lumbago; arthritis; and trachoma.

NOTES: There are many diagnoses of malaria, but none are confirmed by microscopic exam. Impetigo is treated with systemic ampicillin, but no topical cream. A case of simple hypotension, BP not recorded, was treated with 1000cc of IV NaCl.

PRACTITIONER INTERVIEW

He is trained in amputation but has not performed amputation. He is not trained in laparatomy and has never performed it.

He reports the three main causes of death in the district to be:

* Diarrhea and dehydration
* Peptic ulcer
* Stroke

He reports he has had no mortalities at his clinic.

The biggest health problems are reported to be respiratory diseases, but also peptic ulcers related to war stress.

Eventually [redacted] would like to continue more training.

For the future he recommends a hospital in the region, and has no other recommendations. The village of Belandkhel is his suggestion to establish a central district hospital in future.

COMMENTS

The clinic of [redacted] is working well. He and his partner have a busy practice in this place rather away from the valley. Perhaps this is from reputation for good care or the availability of a lot of medicine. The clinic is clean and [redacted] is good at working with patients.

The contrast between this clinic and the clinic of Dr. Sarwar at Band-e-Sultan is interesting. Both are established for only a few months in close proximity to each other. But whereas the former is clean, orderly, and busy, the latter is dirty, untidy, and not busy.

[redacted] likes to practice general medicine, but is not so keen to perform surgical procedures and in fact his surgical instruments appear to be little-used.

We encouraged [redacted] to pursue intercollegial relationships with the people at MDM hospital.

21. DE[redacted] FM (30)

CLINIC IDENTIFICATION 31.8.88

Clinic name is Shahid Kemia Qul clinic. It is situated 5 minutes away from K[redacted] J[redacted] village, Sayed Abad district, Wardak.

It has been operating for the last 2 years. Before then he was mobile without a fixed location.

Party affiliation is Harakat-e-Inqelab, Amir Maulavi Abdul Qadim Aghunzada, regional commander Maulavi Mohd Hassan, local commander Maulavi Syed Rahman.

LOCAL HEALTH CARE PICTURE

The southern region of Sayed Abad is mostly a flat dry valley with little agriculture. The Kabul-Ghazni highway bisects the valley north to south and because of it the areas on either side have been made desolate by the war.

This region, Abdara-e-Kalan, has between 6,000 to 7,000 houses distributed in 40-45 villages. There are almost no refugees that have migrated out.

De[redacted] serves the south portion of Sayed Abad district. There is the clinic as mentioned, and a small "hospital" 15 minutes up the valley for in-patients.

One MSH worker (#22 B[redacted] J[redacted]) has a clinic in his house 20 minutes away at Bar Jangjay village. De[redacted] has asked this worker to work with him, but B[redacted] J[redacted]'s NIFA commander refuses to allow it. Baht J[redacted] told in an interview with him that he sometimes refers a patient to De[redacted], an example: 31 yo man with diarrhea was send to De[redacted] to get a 'serum', De[redacted] gave the man a liter of IV saline solution and the man went back with it to the house of B[redacted] J[redacted] where he received it in his veins together with Vit B and Vit C injections.

De[redacted] sometimes receives medicine and refers patients to the MSH clinic at Kalandeh village, Jaghatoo. It too is a Harakat-e-Inqelab clinic.

In Maru, Sayed Abad, there is the first aid post/clinic of Dr. Sarwar. The two clinics have little contact because of inter-party tensions, but D[redacted]r and Sarwar know each other.

There is a Dr. Ghulam Farooq in Spin Warsak village to the north who is well known to Delbar, he too is with Harakat-e-Inqelab.

He knows there are health workers 1/2 hr. away by car at Baghaq, Schneez, but does not know them.

There are two traditional healers in the region who treat fractures, perform circumcision, and extract teeth. Delbar complains that the patients often become infected, especially after circumcision, as he sees them afterwards.

There are no local shops selling medicine in 5 hours on foot around.

There is a civilian hospital in Ghazni city 2 hours away by car, 12 hours by foot. Old men, women and children can go there for medical care.

PERSONNEL

*De[redacted] S[redacted], 34 yo, FM (I). Before the war he ran a pharmacy in Kabul.

* M[redacted]N[redacted] 26 yo, 1 mo course ICRC in Quetta and 1 mo course Saudi Red Crescent in Quetta, both 3 years ago. Since then he has been working with Delbar.

* M[redacted] S[redacted], 28 yo, 1 mo course ICRC in Peshawar 3 years ago. Has been working with Delbar for 5 years.

* G[redacted], 26 yo, no training, working with Delbar for 3 years.

* N[redacted] H[redacted], 24 yo, 4 mo MSH course, finished April 88.
* S[redacted], 23 yo, " "
* L[redacted] G[redacted], 26 yo, " "

All personnel are from Sayed Abad.

De[redacted] receives 2,000 Pak Rs. per month from the SCA, of which he gives 1,000 Rs/mo to G[redacted] who otherwise has no salary.

M[redacted] and M[redacted] S[redacted] receive 1,000 Rs/mo from the SCA.

The 3 MSH workers receive 8,000 Afg/mo each from MSH.

De[redacted] has been working through the SCA since January 88, moving from FM because of an undisclosed conflict.

Clinic expenses come to 30,000 Afg. per month, which they pay themselves.

There is no formal cook or cleaner, the work is done by the 7 or 8 mujahideen who are always at the clinic.

MEDICINE AND SUPPLY

The bulk of medicine comes from the SCA, the last supply was 24 ser for 6 months. This spring he received as small amount from FM. The MSH workers brought with them 12 ser of medicine for 6 months. Also he has requested and received some medicine from the MSH clinic at Kalandeh, he says the Kalandeh clinic received 1,000 ser of medicine from the Arabs 2 months ago.

When necessary, De[redacted] writes prescriptions that people get filled at Ghazni city or at Kalandeh.

The SCA medicine was transported by truck at 450 Afg. per ser. Travel time was 6 days from Peshawar to Sayed Abad. The medicine arrived complete and in good condition except for one bottle of Dettol which became leaky. A party representative accompanied the medicine. At Kohat they had to pay the Pakistani police 100 Rs. in order to pass.

The MSH medicine came by truck at a cost of 600 Afg. per ser. Travel time was 6 days. The MSH workers accompanied the medicine.

The medicine is stored nearby in a room known only to Delbar. He says it is not a good place because the roof leaks and the medicine becomes wet in the winter.

De[redacted] says the supply line could be improved by having his own vehicle to bring in the medicine.

He says there is oversupply of benzyl benzoate and undersupply of all the rest but especially Paracetamol and Vit B Complex.

SITE VISIT

The clinic is a 3-room mud wall and log roof building set in a barren, dusty place near to the dirt road leading up the side valley. Although FM gave 40,000 Afg. in the spring to build a third room, none of the construction appeared to be recent.

The clinic room has 2 beds, rugs on the dirt floor, and a small supply of medicines on shelves and on the floor.

A stethoscope, BP cuff, otoscope, opthalmascope, and wound dressing material are present. There is a generator supplied by FM in the spring, but it is broken.

Instruments are sterilized by means of formalin, and they appear to be properly sterilized using this technique.

Only a small number of patients came for treatment on the day of our observation, in fact just 4 patients in the morning. Delbar and 4 workers were present to deliver health care.

* 60 yo M c/o leg pain and dry cough. PE: Minimal exam. Lungs auscultated when directed by us. Lungs clear. Tx: MV, Paracetamol, Vermox. De[redacted] says a dry cough can be a symptom of worms (The pt. reports yes, he saw worms, they were 12 inches long). Pt. advised to drink a lot of water and limit his work.

* 20 yo M c/o left flank pain from shrapnel wound 1 year ago. PE: Minimal exam. A little palpation to site. Tenderness but no redness. De[redacted] says "It is dangerous, near to the kidney". Tx: Paracetamol

* 25 yo M c/o stomach pain and dizziness PE: None Tx: Low acid diet recommended

* 20 yo M c/o Total Body Pain Tx: Paracetamol

On the clinic walls are photocopies of diarrhea and rehydration instructions, also copies of pages from the SCA pharmacology book.

There are reference manuals present: "Where There Is No Doctor", in Farsi; GAC Book 1 "Pharmacology"; "Right and Wrong Uses of Drugs", by Dr. Fatimie; and some others. There is an SCA medicines list.

There is a good supply of water from a spring 20 meters away. There is no latrine. They say the commander will supply a woodstove for the winter.

They say medical wastes are burned. The area around the clinic was mostly free of litter.

De[redacted] has bought a set of dental instruments from Kabul and performs tooth extraction. He learned tooth extraction at FM. The lidocaine for anesthesia he purchases in Ghazni city.

There are about 4 home visits per week by the clinic workers. They move by means of a motorcycle supplied by FM in the spring, but there is not enough money for gasoline.

The "hospital" is 15 minutes away up the valley. It is a clean 12 x 12 ft. room with 2 beds, otherwise it is bare. There is adjacent kitchen and bathroom. No patients were present.

De[redacted] has plans for more construction at the clinic site, but he has no money to build. Also wood is scarce. His idea calls for two hospitalization rooms, a new consultation room, two waiting rooms, a laboratory, kitchen, pharmacy, and living quarters for the mujahideen. There was no mention of a latrine. He would like a water pump in order to have an indoor water supply.

GREEN BOOK REVIEW

De[redacted] says there is no green book present because it went to Peshawar 2 weeks ago and doesn't have any more. However, we saw a green book lying in the clinic. He says his MSH workers have their own green books, but they don't use them. Our impression is that he just didn't want us to see any green book.

PRACTITIONER INTERVIEW

De[redacted] has learned amputation only for fingers and has amputated 2 fingers with good result.

He has not learned laparotomy and has not performed laparotomy.

He says he has learned to perform circumcision but he has not received the surgical materials to perform it. Later he says he has performed a few circumcisions, that his work is at least better than that of the traditional health workers.

He says the three main causes of death in his district are:

* Nik Murgh, which is a disease of children up to 3 yrs old. Symptoms are green spots on the skin, a little fever, and sometimes abdominal swelling. The child can die within one day. Delbar's tx is co-trimoxazole with MV or Vit B Complex. He is not sure if this is good treatment.

* Constipation, he says 2 or 3 people died of it.

* Diarrhea & Vomiting, he says it is difficult to treat both at the same time because he has no anti-emetics.

The last three clinic mortalities were:
* 45 yo man with BBI to abdomen, died on the way to Ghazni
* 3 yo child with diarrhea and vomiting
* 1 yo child with diarrhea and vomiting

His treatment for diarrhea and vomiting is Flagyl, tetracycline, and ORS, but with the vomiting it is a problem and the children died.

De[redacted] says the biggest health problems are that people buy medications themselves without knowing what they are taking, and that people complain about him that he is not a good doctor because he doesn't have enough medicine. He also says there is the increasing problem of tuberculosis.

For the future, De[redacted] says he would like to get more medical training. He says the 6 month FM course enabled him to treat most problems, but he still has trouble diagnosing internal diseases. He says there isn't much need for knowing surgery and battlefield trauma because the incidence is low, and if there are

such cases he can refer them to a proper place.

He says only 3 or 4 villages have received vaccination here because they have relations with Amin Wardak.

De[redacted] suggests that for the future every district should have a central hospital with real doctors and real nurses. When Afghanistan is free there will be no need for a lot of health workers and dispensaries. If there are good roads to transport patients, everyone will have good access to care.

In Sayed Abad he would like to see a central hospital, but that the commanders cannot agree about working together. Amir Qadim says he will build a hospital at Kuz Jangjay whether there is or isn't any outside support.

Delbar has a list of improvements that would make his clinic better:

* More medicine
* An ambulance vehicle
* A working generator
* Better salaries
* A good place to store medicine
* Allowance for operating expenses
* More gasoline allowance

COMMENTS

We like De[redacted] because he is perceptive about his work and about health care in his region, and because he is well aware of the shortcomings in his practice. As far as practitioner skills, he needs more confidence in diagnosis and treatment. His approach should be more professional; the PE's are weak and the diagnoses and treatments need a firmer basis. There is also an absence of record-keeping. Hopefully the first aid work is better.

We don't see his clinic delivering much health care, certainly there are too many workers for the work. But this is not strictly a health clinic, for Delbar and his friends work as mujahideen some of the time.

The clinic is more like a muj clubhouse. It is dirty and dusty and lacks good organization. Prospects for improvement any time soon are dim, for this is as poor front which cannot finance any improvements.

There is need here for further training of all health workers; training in basic clinic management; possibly more complete medicines and equipment; and a planned approach to upgrade the clinic. De[redacted] has potential to do a good work but there are handicaps to address in every area.

23. N[redacted] M[redacted] IMC (33)

CLINIC IDENTIFICATION 3-4.9.88

The clinic is located at Lodgay, which is a small grassy place about 15-20 minutes away from Baghaq village, Shneez valley, Sayed Abad district, Wardak.

The clinic has been operating at this site for 14 months.

Party affiliation is Jamiat, Amir Maulavi Shirin, Commander Pai Mohammad who is in charge of the district, and Sub-commander Amesha Gul.

LOCAL HEALTH CARE PICTURE

Shneez is a part of the Sayed Abad district streching from north to south over 15 km and is situated just south of the district capital (Markaz-e-Sayed Abad). The Kabul-Ghazni highway bisects the area north to south.

Nobody could give us a valid estimation of the number of people living in this region, but it looks much more densely populated than the southern part of the district (Abdara-e-Kalaan). Some 100,000 people are believed to live in the whole district of Sayed Abad. There are almost no refugees that have migrated out.

Baghak is a village of some 200 families. There are three clinics situatedin or just at the village:

* the Harakat Inqelab clinic where 4 healthworkers are (#24) and that is supported by MSH.
* the NIFA clinic, also with 4 healthworkers (#25) and supported by SCA.
* the Jamiat clinic of Nazar Mhd.

At least 7 first aiders of MSH are working mobile in the villages around: A[redacted] K[redacted], F[redacted] Q[redacted], Z[redacted] R[redacted], D[redacted], M[redacted] P[redacted], R[redacted]h, and A[redacted] H[redacted].

In the Gorbad mountains to the west is the Hezb-e-Islami Gulbuddin clinic supported by SCA (#26) from which mobile health workers work also in the villages. The relations with this clinic are bad, N[redacted] M[redacted] worked for one year in this clinic but had a big conflict there 1 1/2 years ago. So he changed from party and clinic.

N[redacted] and B[redacted] don't know D[redacted] (#21) who has a clinic more to the south of the district.

Two traditional bonesetters work in the region. N[redacted] says that their work is of bad quality.

The clinic on this morning had seen 30 patients, all ambulatory care patients. Patients requiring overnight care are lodged in their own homes and receive home visits from the health care workers. Dental service is not provided. There are no dental instruments present. The clinics are open 6 days a week, closed on Jumma.

PERSONNEL

There are five medical personnel forming the mobile team:

* Dr. Abdullah Jan, 65 yo., working in Andar since Oct. 1987. Graduate of Faculty of Pharmacy, Kabul University. Was then Ass't Professor of Pharmacology in Kabul University, then graduated from the Faculty of Medicine from Kabul University. Was Chief of the Biochemistry, Pharmacology, and Toxicology Laboratory in Kabul for 14 years. Then Professor of Toxicology at the Medical Faculty of Kabul. Two years study of internal medicine in Paris in 1970-71. Until 1987 he worked for the government of Afghanistan as a physician in many places.

* [redacted], 30 yo, working in Andar since 1978. Has 9 years of schooling plus training in bacteriology.

* [redacted], 35 yo, working in Andar since 1978. Has 12 years of schooling plus training in bacteriology. Had 6 months of training at the MRCA hospital in Peshawar in 1987. Says he has learned amputation but has never performed one. He says he had 4 interviews with Freedom Medicine (FM) in winter 87-88, but was not admitted to the program.

* [redacted], ? yo. Has 12 years of schooling. Is working dispensing medications.

* [redacted], ? yo. Has 12 years of schooling and is working dispensing medications.

THE NAMES OF THE PERSONNEL OF THE OTHER 4 TEAMS ARE AVAILABLE

The health workers receive 1,000 Afg. per month as well as food, clothing, etc. as needed from Amir Qari Baba.

MEDICINE AND SUPPLY

30-40% of medicines used in Andar come from the NCA. Most of this medicine is used by the expatriate NCA mobile surgical team. The rest of the medicine is purchased and brought to Andar by local businessmen who receive money and delivery orders from Qari Baba. The medicine is mostly purchased in Quetta and brought to Andar by truck. In addition, other prescriptions are bought in

The dai here are all old women without any knowledge on childbirth, says N[redacted]. He says that he has been able sometimes to administer to a women Oxytocine or Methergine IV.

Dr Zarif in Baraki Barak, Logar province has a private clinic and works independent from any resistance party or humanitarian committee. N[redacted] Mhd refers sometimes patients to there.

PERSONNEL

* N[redacted] M[redacted], 34 yo. Locally is known as "[redacted]", which is in fact his given name. Completed IMC training, first class. He is from Nazratkhel village one hour away.

* Dr. Abdul Baaki Rahimzai, 37 yo. Is from Sayed Abad. He completed 7 years Medical Faculty at Nangrahar University in 1978. Worked two years as a general practitioner in Paktika province, then worked two years in Sayed Abad with the mujahideen, was captured by the Afghan government for one month, then worked as an orthopedic surgeon at Institute of Child Health in Kabul. In spring 1988 he came to Peshawar and found support with IMC to work at this clinic. Has just arrived 2 days ago to begin his work.

* S[redacted], 32 yo. Completed IMC training, first class. Has been working here for nine months. Prior to that he worked in Tagau district, Kapisa province, where he is from. He was away on holiday at this time. NOTE: Is no longer working with IMC.

The non-medical personnel are:
* A[redacted] R[redacted], cook
* R[redacted] M[redacted], cleaner
* M[redacted] H[redacted], guard
* 3 mujahideen guards provided by Jamiat party

Dr. Baaki receives 5,000 Rs. per month. N[redacted] M[redacted] receives 2,000 Rs. per month. S[redacted], salary not known.

The cook, cleaner, and guard receive 6,000 Afg. per month from IMC, the mujahideen receive 6,000 Afg. per month from Comm. Pai Mohammad.

IMC provides clinic expenses of 30,000 Afg. per month for 6 persons.

MEDICINE AND SUPPLY

IMC is the only source of medicine. If other medicine is needed, they write prescriptions which are filled by old men or women in Kabul or Ghazni. For example, in the summer there was a high

incidence of diarrhea, and medicine to inhibit GI motility was obtained in this way.

The last supply was 111 ser for 6 months, which arrived 20.4.88. Travel time was 2 days Peshawar to Azam Warsak. They had to pay 700 Rs. to the Pakistani police at several checkpoints. Travel time from Azam Warsak to Sayed Abad was 5 days, but they say it is possible in 3 days. All transport was by truck, the charge from Azam Warsak was 1,400 Afg. per ser. All transport costs were borne by IMC. The medicine arrived complete and undamaged.

The route is closed to horses for 2 months per year and to motor traffic for 4 months per year due to winter weather.

All the medicine is kept at the clinic. The 3 trained health workers each have a key to access the medicine.

The storage room is clean and dry, with medicine either still in packing boxes or out of boxes and ordered on shelves.

Their suggestion to improve transport is to have IMC run its own transport with truck and two persons to regularly supply the IMC clinics in Ghazni and Wardak every 6 months.

They say with the new medicine list which has less medicine, and with the addition of Dr.Baaki to the practice, the 6 months of medicine is mostly gone after just 2 months.

There is undersupply of antibiotics and analgesics, especially this summer with so much diarrhea there was a shortage of anti-diarrhea medicine. There is oversupply of chloroquine and metronidazole.

SITE VISIT

The clinic is located in the hills 1/2 hr. away by foot from Baghaq village. It is not accessible by motor vehicle. While it was being built the clinic was working out of the house of Comm. Pai Mohammad. The existing facility was completely funded by Jamiat party, who spent 200,000 Afg.

There is a small mud wall compound with 4 rooms, including a stable for N[redacted]'s horse. There are plenty of flies because of the fresh horse manure, especially in the living quarters.

At the back of the compound is the clinic, which has two rooms, one room for consultations and one for procedures and dispensary. The consultation room has a good exam table and good lighting. A BP cuff, stethoscope, otoscope, and thermometer are on the table. The dispensary is orderly. The medicine is stored neatly on the shelves and there is a good supply. Instruments are soaking in antiseptic solution. Other equipment includes a laryngoscope, urine dipsticks, urinary catheters, a scale, and a

generator which they don't use yet but will use when the room for Dr. Baaki is built.

In the morning at 9 o'clock patients are seen streaming to the clinic from three different directions. At the clinic, women and children are given priority for consultations. Mostly the men must wait until all the women are seen.

Patients coming to the clinic included:

* 2 yo M c/o bilateral burns to feet 3 days ago, he stepped into a hot tandoor. Tx: clean technique for cleaning feet. Then vaseline gauze, 3x3, and roll wrap. The toes were not wrapped individually--not necessary. No antibiotic cream was applied.

* 22 yo M c/o broken tooth, left lower bicuspid broken off. Tx: Lidocaine anesthesia to gingiva. Procedure done quickly and was well tolerated by the patient.

* 2 yo F c/o diarrhea x 1 week. Patient appears healthy. Is afebrile. Tx: Hexvite, ORS, Paracetamol, Septran

* 50 yo F c/o trouble breathing Dx: Chronic bronchitis PE: BP, auscultation of lungs. Tx: Tetracycline, Ventolin, MV.

* 40 yo F c/o bleeding from ovaries and pain x 4 years. Hx taken PE: BP 160/90, temp taken. Tx: Ibuprofen, dyazide.

* 4 yo F c/o cough and fever PE: Temp 101.6, middle ear examined, lungs auscultated. Dx: Pneumonia Tx: Erythromycin, paracetamol, Hexavit.

* 10 yo F c/o infected wound of outer ear Tx: Penicillin, paracetomal

* 1 yo M c/o diarrhea x 6 mo Tx: Flagyl, hexavit. This patient and family came from 8 hours away.

The clinic water supply is from a clean spring 15 meters away. There is no latrine. Refuse is collected in a box and then buried in a hole some distance away.

There are a lot of reference books present. There were no posters or teaching materials on the walls.

Dental service is offered and there are dental instruments and lidocaine present.

Patients requiring over-night care are kept in their homes. Home visits are made by N[redacted] in the afternoon by horse.

The clinic is closed on Jumma, but in case of emergency on Jumma the guard notifies Comm. Pai Mohammad who in turn notifies N[redacted]

Mohammad by walkie-talkie.

[redacted] says they have not sent any patients for referral in the last six months, but if he refers he sends old men and all women to Kabul or Ghazni, while men less than 40 yo are referred to the MDM hospital if the problem is surgical, and to Dr. Zarif in Baraki Barak, Logar, if the problem is medical.

There is building program planned to expand the clinic to include two hospitalization rooms, one OR, and one X-Ray room. Eight beds are already paid for and are coming from Kabul.

GREEN BOOK REVIEW

Period 27.7.88 to 3.9.88, 39 days. Record of 1050 patients, for an average of 27 patients per day.

Approximately 30% are women, 25% children.

3.9.88 72 patients entered. One week ago 30 pts. Two weeks ago 9 patients.

There are usually 1 or 2 meds prescribed per patient, sometimes 3. Four is rare. IM injection is rare. IV solution for rehydration is given several times per week.

#646 30 yo F Dx: Vaginitis Tx: Ampicillin syrup, MV, FeSO4.
No mention of any vaginal cream.

#602 2 yo M Dx: Folliculitis Tx: Ampicillin, MV.
No mention of any topical antibiotic.

#584 35 yo F Dx: TB Tx: Dristan, referral to Kabul.

For UTI, sulfa is not prescribed (but Bactrim is sometimes prescribed for gastritis). If topical antibiotics are used to treat dermatologic disease, it is not recorded.

There is record of "gonorrhea" 1-2 times per week, treated with systemic antibiotics.

PRACTITIONER INTERVIEW

After finishing with IMC, [redacted] was with HIA-Hekmatyar and came to work with [redacted] (SCA 46) at Gorbad. After one year there was some kind of conflict, and [redacted] left to go work at a separate clinic and became affiliated with Jamiat party. His autoclave, however, remains at the HIA clinic.

[redacted] has learned amputation but has never performed it. For laparotomy, he has never learned it and never done it.

Dr. Baaki has much experience in amputation. He has learned laparotomy but has never performed it. He does not intend to perform any surgery until the proper facility is ready.

They say they see 100 pts/day at the clinic plus 15 pts/day home visits. There have been no war wounded in the last 4 months. They say 20% of pts are women, 50% are children, and 30% are men.

The three main causes of death in the district are, Nazar says:

* Gastroenteritis and diarrhea in children
* Other infectious childhood diseases (measles, tetanus)
* Tuberculosis

Suggestions for the future are two:

* To promote preventive medicine, eg. vaccination, environmental health, simple radio programs in health

* That health planning be built around qualified doctors and nurses to insure appropriate use of resources in curative medicine. Since qualified people and resources are scarce, there must of necessity be only a small number of facilities at first, maybe one per district.

Dr. Baaki would intend to place a hospital in Sayed Abad markaz near to the road.

COMMENTS

This clinic is well-organized and is very busy. [redacted] is practicing good medicine given his level of training. Deficits in gynecological care, however, were only too evident in the one gynecological case we observed.

Dr. Baaki is rendering good care at a higher level and is enthusiastic about his work. We are pleased to see IMC supporting a physician at one of their clinics as it is a good approach for enhancing quality of care of health workers trained in Peshawar.

Unlike most places, the clinic here receives good support from the commander, and not just in terms of money. He is really interested to make the clinic a respectable health facility.

26. [redacted] [redacted] SCA (46)

CLINIC IDENTIFICATION 5-6.9.88

The clinic is located in the Gorbad mountains just south of Qobe Ghar mountain. It belongs to Shneez valley, Sayed Abad district, Wardak.

It has been operating at this site since seven years ago, and has been receiving support from the SCA for five years.

Party affiliation is with HIA-Hekmatyar. The general commander for the district is Comm. Suleiman Shah Salari. The local commander is Eng. Tawiz.

LOCAL HEALTH CARE PICTURE

There are 13 health workers working out of this clinic. Three are always present at the clinic while 10 are mobile working in Shneez, Jaghatoo, Onokhey, and Sheikh Abad. This means that they are working in 3 different districts out of 1 clinic. They all take turns working the different assignments.

[redacted] [redacted] lives in Shneez, a part of the Sayed Abad district stretching from north to south over 15 km and situated just south of the district capital (Markaz-e-Sayed Abad). The Kabul-Ghazni highway bisects the area north to south.

Nobody could give us a valid estimation of the number of people living in this region, but it looks much more populated than the southern part of the district (Abdara-e-Kalaan). Some 100,000 people are believed to live in the whole district. There are almost no refugees that have migrated out.

In the village of Baghak there are 3 clinics:

* The Jamiat clinic supported by IMC (#23). The relations with this clinic are very bad. The healthworker [redacted] [redacted] who works there now since 1 1/2 year, worked before with [redacted] [redacted] for one year untill a heavy conflict broke out and [redacted] [redacted] changed from party and clinic.
* The Harakat-e-Inqelab clinic where 4 healthworkers are (#24) and that is supported by MSH. [redacted] [redacted] says he knows the 'headdoctor' ([redacted] [redacted]) there, but he had no comments.
* The NIFA clinic, also with 4 healthworkers (#25) and supported by SCA. [redacted] [redacted] said that this clinic sells medicines and works badly...relations are bad anyway.

At least 7 MSH health workers are working mobile in the villages around: [redacted] [redacted], [redacted] [redacted], [redacted], [redacted], [redacted] [redacted], [redacted] and [redacted] [redacted]. [redacted] [redacted] seems to know none of them.

Two traditional bonesetters work in the region. The dai are all old women. [redacted] has no contact with them.

The relations between the Hezb-i-Islami clinic and the other clinics seem difficult. [redacted] says that cooperation is impossible in the near future. The commanders will not agree, and anyway, he says, the other clinics are not honest.

There is no important medicine selling in the local shops.

PERSONNEL

* [redacted], 30 yo, from Salar, Syed Abad. Graduated from 3-year nursing school in Kabul fifteen years ago (?). Afterwards he worked in Ali Abad Hospital in Kabul for 1 year, then began Faculty of Pharmacy in Kabul for 4 years, but did not quite finish before he fled Kabul. For the last 9 years he has been a health worker for the mujahideen.

* [redacted], 33 yo, from Salar. Finished 1 year at Nangrahar Faculty of Medicine 11 years ago, then was imprisoned for 14 months. 10 years ago he joined [redacted] working with the mujahideen, then 6 years ago he completed a 9-month course with Ittehad (UAMD?) in Peshawar.

* [redacted], 40 yo, from Syed Abad. Graduated 20 years ago from the public health school in Kabul. He worked afterwards with the government in different places, then with the mujahideen since 9 years ago.

* [redacted], 35 yo, from Eriab, Jaghatoo. Graduate doctor from Kabul Faculty of Medicine in 1983. He worked some time with the government before he came to work with the mujahideen.

* [redacted], 33 yo, from Onokhey. Graduate of Faculty of Agriculture Kabul University 7 years ago. Then completed a 2 year course as physicians assistant in Iran. Has been working here since 5 years ago.

* [redacted], 37 yo, from Syed Abad. Graduate of teachers school in Kabul. Completed a 9-month course with Ittehad (UAMD?) with Hasib 6 years ago.

* [redacted], 27 yo, from Syed Abad. Completed a 9-month course of Ittehad with Hasib 6 years ago. Has finished 12 years at Syed Abad high school.

* [redacted], 26 yo, from Syed Abad. 12 years Syed Abad high school. Completed 9-month course of [redacted] and [redacted] one month ago.

* G[redacted] R[redacted], 28 yo, from Salar, Syed Abad. 12 years high school in Kabul. Completed the first course of K[redacted] K[redacted] 3 years ago in Gorbad.

* S[redacted] R[redacted], 33 yo, from Jaghatoo. 2 years teachers training in Kabul, and K[redacted] K[redacted]'s course three years ago.

* A[redacted] H[redacted], 25 yo, Jaghatoo. K[redacted] K[redacted]'s Gorbad First Aid Course 3 years ago.

* G[redacted] R[redacted], 25 yo, from Jaghatoo. K[redacted] K[redacted]'s Gorbad First Aid Course 3 years ago.

* S[redacted], 41 yo, from Syed Abad. Completed public health school in Kabul 20 years ago. Since has worked with the government in many areas of Afghanistan. Came here 2 years ago.

All 13 workers are salaried by the SCA since 6 months ago. Dr. Salam Jan receives 4,500 Rs/mo, K[redacted] K[redacted] receives 3,000 Rs/mo, S[redacted] receives 2,000 Rs/mo, all the rest receive 1,000 Rs/mo.

The clinic receives 3,000 Rs. per month for operating expenses since 6 months ago.

The cooks, cleaners, and guards are mujahideen and receive no salary.

MEDICINE AND SUPPLY

All medicine is supplied from the SCA. If other medicine is required the patients receive prescriptions to buy medicine in Kabul and Ghazni, or in a local shop.

One week ago K[redacted] K[redacted] arrived from Peshawar and brought 875 kg. of medicine from the SCA. Travel time from Peshawar to Gorbad was 6 days.

A party truck brought the medicine from Peshawar to Azam Warsak. From Azam Warsak to Anguarda a hired truck cost 1200 Rs. From Anguarda to Gorbad the cost was 500 Afg. per ser.

No medicine was lost but some unpacked boxes are leaking a little.

This time there was no problem with Pakistani police because the party gave the number plate and the driver's name to the Pakistani government. There had been problems other times.

The road was open year around the last two years, but sometimes snow can close the road.

The supply of medicine is hidden away in 5 different depots in the mountains. Every two weeks a different worker must take responsibility for the depots.

Khadi Khan suggests that SCA itself bring the medicine to the clinic. He says the private truck is at risk for theft and robbery on the road, and that a worker loses time going to Peshawar.

He says there is oversupply of chloroquine and metronidazole, and undersupply of analgesics, antibiotics, anti-diarrheals, tranquilizers, anti-hypertensives, anti-asthmatics, anti-spasmodics, local anaesthetics, topical antibiotics, dressing material, antiseptics, IV solution, and health tonics.

There is a SCA medicines list, but [redacted] says it is too complicated and they don't have enough time to check the inventory.

SITE VISIT

The clinic is situated in a remote mountain location separate from but near to the HIA-Hekmatyar markaz. From the east it is a two hour hike uphill from the little village of Maru, which is itself rather isolated and is where the road ends. It is built for wartime security.

The first building was constructed 7 years ago, now a medicine depot. A new building was begun 2 years ago and was completed this year at a cost of 100,000 Afg.

The clinic is a simple single room mud wall building with curtain divider. The inside is clean and orderly with floor, walls, and ceiling nicely covered with attractive materials. The front portion is the consultation area, the rear portion has a dental chair and the medicines on shelves as a dispensary. To one side is a small office area with desk, chair, reference books (many), stapler, punch, etc. It gives an impression of cluttered but tidy.

Clinic equipment includes stethoscope, BP cuff, otoscope, thermometer, laryngoscope, and autoclave. The autoclave is wood-fired, but they said it is electric and they can't use it. The instruments are sterilized by soaking in antiseptic solution.

At 8:00 a.m. on 7.9.88 there were a few men patients waiting at the clinic for treatment. There were no women or children, in fact no women or children were seen all morning. Runners, however, came bringing chits for medicine and then departed with the medicine often for women or children patients. These chits are entered into the green book during the day.

[redacted] was not present due to the death of his brother. The principal worker today was named Sarwar (not Dr. Sarwar of Band-e-Sultan) with 2 other workers present. One of these is the dispenser, who fills all prescriptions and sometimes performs wound care.

Patients seen included:;

* 20 yo M c/o subluxated jaw Tx: Tentative manipulation unsuccessful, is instructed to return for [redacted] [redacted].

* 50 yo M c/o aching feet Tx: Selanid (?) tabs, Vit B complex

* 20 yo M c/o aching legs Tx: Tx: Algipan, Aspirin, B-complex. This patient said he "couldn't walk", but came here 2 hr up the mountain from the village.

* 20 yo M c/o snakebite. Hx: Wounded 3 days ago with prior treatment at the clinic. PE: Eroded ulcer at site. Hand quite swollen. Tx: Dressing change, analgesic. Dressing technique OK. We suggested a sling for keeping the hand elevated to decrease swelling, but they didn't like the idea.

At 10:30 there were 44 patients entered into the green book, and over half of these were "chit" patients who were seen in the valley. Indeed there are "runners" from the valley coming to and from the clinic. Many of the patients coming to the clinic are mujahideen from the markaz.

The water supply comes from a clean spring 300 meters away. There is no latrine. Refuse is dumped into an open pit.

Dental work is performed with local anaesthesia.

The clinic is always open. There is no room for hospitalization, but mujahideen requiring overnight care are looked after in the markaz. Civilians requiring overnight care are managed in their homes by the mobile workers.

There is a vaccination program overseen by Abdul Qudus. The vaccines come from Kabul. Sometimes he vaccinates in the clinic, sometimes he goes to the villages. He says he vaccinates against smallpox, [redacted], TB, diptheria, pertussis, tetanus, typhoid, and measles depending on what is available in Kabul. There is no cold storage. Also he keeps no records. He has no idea how many people he has vaccinated.

There are no patient teaching materials at the clinic.

Referrals are mostly to Peshawar, except for the elderly who can go to Kabul:

* 25 yo M with renal stone, went to HIA hospital in Peshawar with good result.

* 40 yo M with hemorrhoids, went to Khyber hospital for surgery with good result.

* 50 yo M with paraplegia, went to Kuwaiti hospital, died.

Ghazni city by old men or women, who enter the city with the permission of Qari Baba. Ghazni city is 2-3 hours away by foot, while Quetta is a two-day trip one way by truck. In Andar itself Qari Baba does not allow shopkeepers to stock any medicines. An order of medicine comes from Quetta about every three months. The last order cost 12 lakh Afg., plus cost of diesel fuel from Quetta for three trucks. The businessman is responsible to deliver the medicine complete and undamaged. The road is usually open except for flooding for up to two weeks in the spring. There has not been a problem moving medicine past the Pakistani police, nor with any hostile people along the way inside Afghanistan.

In Andar, medicine is stored in a central secret storeroom. Mr. N[redacted] is the responsible person who allocates medicine for day to day clinic use. Medicine is distributed free to clinic patients.

There were no suggestions for an improved medicines transport system aside from road improvements. Overall they are satisfied with the medicine supply system in use.

PRACTITIONER INTERVIEW - Dr. Abdullah Jan

He is trained in amputation and laparatomy, but performs neither.

He reports the three main causes of death in the district to be :

* Women with childbirth problems
* Diarrhea in children which leads to malnutrition
* Tuberculosis

The last three clinic mortalities, he says, are:

* 22 yo F, Tuberculosis
* 37 yo M, Cancer of the esophagus
* 5 yo M, Tuberculosis

He says his biggest health problem is ignorance of the population.

For the future, he intends to continue working in Andar.

MONITORS COMMENTS

The Baghaa clinic appeared to render reasonable health care. Our visit there was known in advance. The facility was clean and supplies well-ordered, and the delivery of health care was, what little we saw, appropriate. IV injections appear to be rarely used.

GREEN BOOK REVIEW

One green book is present at the clinic. No dates are entered. They say the book in use was begun 3 days ago. There are 210 entries for the period, or 70 pts per day. With 10 health workers seeing patients, each doctor sees an average of 7 patients per day.

Approximately 20% of entries are women, and 20% children. There are no war wounded here.

Evidently when chits come in the names are recorded immediately, and the rest of the information is filled in later, as the last 20 entries were incomplete.

A sampling of entries includes:

* 10 yo M Dx: Impetigo Tx: Penicillin tabs, Furacin

* 40 yo F Dx: Diarrhea Tx: Bactrim, ORS, MV tabs

* 20 yo M Dx: Burn Tx: Dressing, Pen V tabs, B-complex, Furacin

* 25 yo M Dx: Common Cold Tx: Aspirin, B-complex

* 20 yo M Dx: Epilepsy Tx: Phenobarbital, B-complex

In general the use of medicines is appropriate. Usually no more than 2 meds are prescribed per patient. Injections are rarely used.

"Gonorrhea" appears under diagnosis several times.

The volume of patients entered into the record is surprising given the remote clinic location, but it reflects the activity of the clinic workers who are mobile in the villages. The work here is an interesting contrast to the miniscule patient load of Dr. Sarwar's Gorbad clinic.

PRACTITIONER INTERVIEW

K[redacted] K[redacted] did not learn amputation, but has performed amputation of fingers, he says, with good result. He has not performed laparotomy.

He says that the clinic sees an average of 12-25 pts/day, plus 20-30 people who receive medicine by runner from the clinic. Of those patients coming to the clinic, 10% are women, 35% are children, and the rest are men. There are very few war-wounded now.

Three years ago he began a first-aid course in the winter and invited mujahideen from all the parties to come. He had 33

students, 4 from HIA Khalis and the rest from his own party, HIA Hekmatyar. Now 3 students work with Dr. Sarwar of Band-e-Sultan.

Now he wants to establish a hospital with four satellite clinics in Shneez, Jaghatoo, Chak, and Sayed Abad. The hospital should have laboratory, X-Ray, and 20 beds. He says there would be no problem finding trained personnel to staff it.

On the SCA, he says they don't take his requests for equipment such as generator, laboratory, surgery, etc. seriously, that they don't esteem the clinic enough to help upgrade it.

He says the three main causes of death in his district are:

* Tuberculosis, from drinking too much cow's milk.
* Diarrhea
* Infections in general

The last three clinic mortalities were young children who died of diarrhea and vomiting.

He says the biggest health problems are diarrhea and gastrointestinal problems in the summer, and respiratory infections in the winter.

For the future, K[redacted] K[redacted] says he is willing to go anywhere to do his work. If Z[redacted] S[redacted] comes to power, he will work to resist him. If the mujahideen move into the USSR, he is ready to go. He says just because the Russians leave, that doesn't mean the revolution is finished.

For future health care, there must first be an Islamic government. Also there must be a sufficient economic base to fund health programs. The most important areas are health prevention and vaccination. There must be access to clinics and hospitals everywhere for all the people. Medical personnel must be really trained in medicine, that so many "health workers" have no place.

COMMENTS

K[redacted] K[redacted] impresses as an intelligent and well-educated person who has an above average quality of character. He is not an average health worker, and he expects to be regarded on a higher level.

K[redacted] K[redacted] runs a surprisingly good clinic and has an innovative system for treating patients in the valley. Unfortunately we did not observe the workers diagnosing patients and writing chits. It is a system which is well-suited to wartime conditions.

K[redacted]i K[redacted] has also taught first aid to other workers, and is a

rare example of inter-clinic cooperation. The workers now work with Dr. Sarwar, who is with HIA Khalis.

On the other hand, there is a deep rift between his party and the clinic of Jamiat in Shneez. The story goes like this:

[redacted]

30. [redacted] [redacted] FM (#31)

CLINIC IDENTIFICATION 10.9.88

The clinic is located in a bombarded house compound just outside the village of [redacted], Badam valley, Onokhey region, Sayed Abad district, Wardak.

The clinic was established 2 years ago.

Party affiliation is Hezb-i-Islami Hekmatyar, provincial Amir Char Gul Nissar, regional commander Mawlana Zarib.

LOCAL HEALTH CARE PICTURE

Onokhey belongs to the district of Sayed Abad and is a region consisting of 3 valleys (Baadaam, Chinaar and Hasanbeg) and a "central region" around the villages Musakhel and Jaarchyan. This region is situated at the west of the Kabul-Ghazni highway just next to Markaz-e-Sayed Abad (the district capital).

Onokhey is bordered to the west and northwest by the Chak district, to the south by Shneez (a region of Sayed Abad district) and to the north by the region of Sheikh Ali which is the most northern part of the Sayed Abad district.

There are no numbers of the population known to us, but the healthworkers say there are about 100 villages in Onokhey.

The main resistance party in Onokhey is Hezb-i-Islami Gulbuddin. There is also a smaller presence of Harakat-e-Inqelab.

Other healthworkers in Onokhey are reported to be:

* [redacted], who works since two years in the village of Rahimkhel with the Hezb-i-Islami. He completed a course in Peshawar of an Arab committee.
* [redacted] [redacted], who works since two years in the village of Latukhel with the Hezb-e-Islami. He completed a Union Aid course in Peshawar and is supported by a German committee.
* [redacted] [redacted], who works since 6 years here with Hezb-i-Islami and completed a Union Aid course in Peshawar. [redacted] [redacted] said that he knows a patient which got from [redacted] [redacted] an injection in the elbow. The ulnar nerve must have been damaged and the patient has difficulties since then to move his arm.
* [redacted], who works since two years in Latukhel with the Hezb-i-Islami and seems to be supported by the SCA.
* [redacted], who works since 2-3 years in Latukhel with the Hezb-i-Islami. He completed a course in Peshawar of the "Ittehadia Doctorha-e-Afghanistan".
* [redacted], who works since 1 1/2 years in Latukhel with Harakat Inqelab. He completed a Union Aid course in Peshawar.

* There is one MSH health worker in the region, but S[redacted] K[redacted] doesn't know his name.

S[redacted] K[redacted] maintains good relations with the clinic of Hezb-i-Islami Gulbuddin in the Gorbad mountains (#26).

The traditional healthworkers in the region are all old people, says S[redacted] K[redacted], and sometimes they send him a referral patient.

There are no local shops selling an important amount of medicine.

The civilian governmental hospital at Ghazni is 1 1/2 to 2 hours away by car. Women, children and old people can get medical services there.

PERSONNEL

There are 3 workers active at the clinic:

* S[redacted] K[redacted], 30 yo, from Onokhey. Completed FM(I) two years ago. Before the war had matriculated at Faculty of Science, Kabul University.

* M[redacted] A[redacted], 23 yo, from Onokhey. Completed UMCAMD course in Peshawar (one year course) two months ago.

* M[redacted] H[redacted], 25 yo, from Onokhey. Completed six-month first aid course of K[redacted] K[redacted] in Gorbad two years ago. He was away from the clinic with a group of mujahideen in Maidan.

There are no other workers, eg. cook, cleaner, working at the clinic. The health workers look after their own food and cleaning.

S[redacted] K[redacted] receives a salary of 2,000 Rs/mo, the others a salary of 1,000 Rs/mo. All salaries are paid by FM. FM also pays 1,500 Rs/mo for clinic expenses.

MEDICINE AND SUPPLY

All medicine comes from FM except for medicine S[redacted] K[redacted] buys locally to supplement his stock. He also writes prescriptions for medicine such as TB medicine that patients can obtain in Kabul.

The last supply of medicine was 167 kg. of medicine which Sher K[redacted] brought himself from Pakistan 2 1/2 months ago.

FM paid all transport costs from Peshawar to Miram Shah and from Miram Shah to Azam Warsak to Onokhey. FM transported the medicine to Miram Shah themselves. The cost from Miram Shah to

Azam Warsak was 1,200 Rs, and from Azam Warsak to Onokhey 800 Afg. per ser.

Travel time from Peshawar to Onokhey was 9 days. Except for 5 bottles of paracetamol syrup which broke, the shipment arrived complete and intact.

The road is open year-round except winter when it may be closed for 5 to 15 days.

There were no problems with the Pakistani police, they recognized the travel letter of FM.

The medicine used to be stored underground for protection, but a lot of it became wet. Now it is all stocked in a room in the clinic where it stays dry.

[redacted] suggests that to improve the system, it is good now, but that it could be better if two representatives of FM medicine come every six months with medicine so that he doesn't have to go back to Pakistan. But he also says he received some valuable re-training when he went back to get more medicine.

He says there is oversupply of chloroquine and benzyl benzoate, and undersupply of most all the others. Items he needs more of or must buy from the bazaar include ampicillin ampules and capsules, Baralgin ampules, Vitamin-B Complex injection, Neurobion injection, Vitamin K injection, Vitamin C injection, Hyoscine tablets, MV gtts for children, Lidocaine with and without adrenalin for local anaesthesia, Neomycin + Dexamethasone ointment, Dexamethasone injection, Aldomet tablets, calcium gluconate injection, Ledercort ointment, catgut and silk suture material, glycerine, and paraffin.

SITE VISIT

The clinic is located in the Onokhey region near to several small villages. It is comprised of two rooms in a bombarded house compound. From the road the place looks deserted. A dirt road runs just past the clinic.

This place is not a muj center. Only clinic workers and patients are present.

The consultation room has a desk, a chair, and a bench for patients to sit on as they wait. There are BP cuff, stethoscope, a few instruments, and some bandages on the desk. There is no otoscope, although he says he has one. There is no autoclave, but instruments are sterilized using formalin. The green book is not present, it is at [redacted]'s house. No substitute patient register is being maintained.

The other room is an exam room and dispensary. There is a long table for patients and shelves to hold the medicine. All of the medicine is kept here. Anatomy diagrams in Farsi are taped to the walls.

Winter heating is by means of woodstove. Wood for fuel comes from the ruin, or he buys it. There is a good supply of water from a spring 25 meters away.

Patients come to the consultation room, sitting at the desk with S[redacted] K[redacted] Prescriptions are given to the patient who takes them to the dispenser in the adjoining room, where they are immediately filled.

Today's patients included:

* 50 yo M c/o abdominal pain x 3 yr PE: BP, percussion of abdomen, patient in no acute distress Dx: Worms and gastritis Tx: Vermox, Trisil

* 2 yo F c/o diarrhea and ear infection PE: Temp 38.5 Tx: Septran syrup, paracetamol syrup, ORS

* 60 yo M c/o lesion on left ankle Dx: Eczema Tx: Polyfax cream, chlorphenaramine tabs, gentian violet, hot compress. Also prescription for calcium gluconate with Vit C injection and laurandensin (?) ointment from Kabul.

* 8 yo M c/o eye infection Dx: Conjunctivitis right eye Tx: Hot compress, tetracycline ointment. Pt. instruction given on use of compress and ointment.

* 70 yo M c/o abdominal pain RLQ x 5 days Hx: dysuria with some mucous, pt. in mild distress Dx: Pyelonephritis or UTI Tx: Cotrim tabs, paracetamol, MV.

With the above patient, a diagnosis of appendicitis is plausible but was never considered. This patient also c/o left elbow pain from an injection received at the clinic 6 months ago. At the site is a 1/2" subcutaneous nodule.

There were no reference manuals present in the clinic, but the GAC Pharmacology Field Manual #1 was at S[redacted] K[redacted]'s house. Also at his house was a wall clock given to the family by the Arabs.

S[redacted] K[redacted] has learned tooth extraction and has 3 dental extractors. He extracts teeth sometimes, but only if he feels that he can do it with the limited instruments he has.

Sometimes he manages patients who stay at the clinic for one or two nights, although he has no separate in-patient area. Mostly such patients are managed at home. He says some weeks he has home visits every day.

The last two hospitalizations he had were:

* 12 yo boy with back abcess, who came in with a leg in a cast as well. The abcess was drained, and after one night the patient was discharged with good result.
* 37 yo M with acute renal colic. Tx: Baralgin injection and diazepam. After one night the patient was discharged with Bactrim and MV, with no recurrence.

The clinic is always open except for Jumma. On Jumma a guard at the clinic can notify [redacted], who lives 20 minutes away, of any emergencies. When [redacted] is away in Peshawar, the two other workers are present to staff the clinic.

Patients are referred to Kabul, and not anywhere else. These include:

* 60 yo M with Pterygium (eye dysplasia), to Kabul for opthalmalogic surgery with good result.
* 60 yo M with cataracts, to Kabul for OR with good result.
* 42 yo F with suspected TB, sent to Kabul for 9 month supply of medicine (Streptomycin + etambutol + INH + MV). The patient wanted treatment and could afford the medicine.

Medical waste is buried in a pit in the compound.

GREEN BOOK REVIEW

The period is 5.5.1367 to 6.19.67, or 44 days. There are 871 patient entries for an average of 20 pts/day. [redacted] says he sees fewer patients now after the SCA and MSH workers came to the area.

Approximately 25% of patients are women, 20% are children. He says there are 2 or 3 war wounded per week.

#38 66 yo M Dx: UTI Tx: Cotrim, paracetamol, Vit B complex

#41 10 yo F Dx: Conjunctivitis Tx: Optisol gtts

#42 43 yo M Dx: Suspected TB Tx: Prescription for 9 month supply of Streptamycin, INH, MV

#52 25 yo M Dx: Arthritis Tx: Algipan, Penicillin tabs, MV, Vit B

#55 9 yo F Dx: Flu Tx: Parafed, Vit C tabs

#70 30 yo M Dx: Amoebic dysentery Tx: Eflaran, tetracycline, pracetamol

#85 12 yo F Dx: Hepatitis Tx: Vit B, Vit C

#273 2 yo F Dx: Impetigo Tx: Ampicillin, paracetamol, gentian violet.

There is record of a little malaria, TB, and "gonorrhea". Also in the last month there were several cases of cholera. These were treated with chloramphenicol, ORS, and paracetamol. Children received Septran. If vomiting was present, [redacted] administered IV solution with phenergan.

Terminology of "angins" for sore throat and "coryza" for cold was noted.

PRACTITIONER INTERVIEW

[redacted] has learned amputation and performed many in Pakistan, but here he only amputated fingers one time with good result. A patient with a severe arm wound requiring amputation he sent to Pakistan.

He says the three main causes of death in his district are:

* Meningitis
* Diarrhea
* Appendicitis

He says the last 3 mortalities he has treated were 3 children age 2-5 yo who died of intractable diarrhea. He says people were calling it cholera, but he is not sure if it was or wasn't cholera or something else. He says some children died in Onokhey, but many died around a month ago in Gardan-e-Masjid.

His biggest health problems are diarrhea in summer and respiratory disease in winter. There is also a lot of skin disease, worms, TB, and joint and muscle pain.

He says he sees between 15 -45 pts/day. At home he said he sees 75 pts/day. He says 20% are women, 30% are children, and 50% are men.

For the future he would like to learn more medicine. He says he is willing to work anywhere in Afghanistan to help the Afghan people.

[redacted]'s suggestion for future health care is for every region to have a good facility to treat emergencies, so that people don't die in transport to Kabul.

COMMENTS

[redacted] runs a small general medical practice. The supply of medicine was rather meager. Treatment is generally appropriate (though tendancy to over-prescribe) for diagnosis--but is the diagnosis correct. He gives out lots of vitamins, no harm in that.

The health care work is acceptable given his level of training, while the clinic is marginal. This is another example of a willing worker who is handicapped by training level and lack of facilities support. On a personal level, we like [redacted] and think he can be a good practitioner.

Dr. Abdullah Jan delivers good medical care as a patient care practitioner. He has a wide-ranging background, but is old and has little initiative to create a vigorous and knowledgeable set of local health care workers. As an older person, Dr. Abdullah Jan is highly respected by the people and he has more latitude in his examination of women.

The Andar health system is tightly controlled by Qari Baba, but it is also well-organized. Power and authority are centralized in him, as there are no other parties active in his area to interfere with planning and operation of public services. The Director of Health, Mohd Sadiq Noori, has little authority to take independent decisions.

The medical supply line is unique, even innovative, for Afghanistan. Here it is an effective way to move medicine and is a method that should be considered by some committees for their practitioners who currently have no reliable supply line.

For the future, Qari Baba wants to change the mobile system and establish a hospital in Zakuri, with five dispensaries dispersed in permanent locations. He also wants the NCA surgical teams to work in the hospital and that they be present 12 months a year. He also would like to have his health care workers receive formal training with the programs in Peshawar. He has two candidates ready to recommend for training.

31. [redacted] SCA (44)

CLINIC IDENTIFICATION · 11.9.88

The clinic is located 2 km from [redacted] village in a shallow gorge called Tang-i-Bum, Araban valley, Chak district, Wardak.

The clinic has been here for one year. Before then it was in the village of Bum, but all was totally destroyed 18 months ago. In the meantime he ran the clinic out of a shop in the bazaar 5 minutes from the new clinic. Comm. Mohammad Asif paid constructrion costs of the new clinic, and some villagers "volunteered" to work on it without pay. The only expense was for wood, cost 120,000 Afg.

Party affiliation is referred to Harakat-e-Inqelab by others, but in fact one year ago all of Harakat-e-Inqelab commanders switched allegiance to Sayyaf party. The provincial Amir is Maulavi Der Gul, the district Amir is Maulavi Zalmai, the district commander is Mohammad Asif, the local commander is Mohammad Alim.

LOCAL HEALTH CARE PICTURE

Before the war Chak was the administrative center for Chak, Jaghatoo, and Day Mirdad districts. The northern border is Nerkh district, the western border is Day Mirdad, the southern border is Jaghatoo, and the eastern border is Sayed Abad.

We were unable to gather information on agriculture and education, but agricultural activity seemed good as the Chak river irrigates farmland. There was a lot of construction work on houses in progress.

The three main resistance parties present here are Hezb-i-Islami Hekmatyar, Jamiat, and Harakat-e-Inqalab (some Harakat people, though, have been switching to Sayyaf party). Other parties are also present, but have little influence.

Other health workers present besides [redacted] include a Hezb-i-Islami clinic in Tang-i-Bum, an MDM dispensary in Gardan-i-Masjid with two health workers, [redacted] [redacted] (32) in [redacted] village, a GAC clinic in the old Chak power station, a Union Aid clinic in Chak bazaar, an Arab clinic in Tang-i-Shaidan, an SCA clinic of Dr. Fazal Houdi in Shah-i-Kalandar village, an SCA clinic of Dr. Faruq in Nik Paikul area, an SCA worker named [redacted] in Sherkhanak, an SCA clinic in Khalila village, and there is an SCA clinic in Spedar village.

Many patients buyy medicine at the bazaar in Chak, which has a relatively good supply

There is a shekestaband in the region at Ginegar village. He is highly regarded by Parwais.

The nearest government hospital is in Kabul, which is 5-6 hours away by car.

There is almost no direct contact among the health workers, just the GAC clinic receives referrals sometimes.

PERSONNEL

There are three health workers at the clinic:

* [redacted], 42 yo, from Araban. Completed 3 years of nursing in Kabul 22 years ago. Worked in Kabul, Kunduz, Kandahàr, Herat, and others. Has been supported by SCA since 4 years ago.

* [redacted], 20 yo, from Kabul city. After finishing grade 12 in Kabul three years ago he came here to live with his uncle. One year ago took a one month course at ICRC in Peshawar, and immediately after he took a six month course at Union Aid in Peshawar. He returned here with medicine from the SCA.

* [redacted], 20 yo, from Araban. Completed a one-year course with Ittehad (UCAMD?) in Peshawar two months ago. He returned here with medicine from the SCA. He was away from the clinic today to attend a difficult childbirth somewhere.

There are no special clinic ancillary personnel, but the cooking and cleaning and guarding is done by mujahideen from the Sayyaf kararga just nearby.

[redacted] receives 3,000 Rs/mo, the others receive 1,000 Rs/mo. Payment is made from the SCA every six months. An additional 50,000 Afg. was received for clinic expenses which they use for purchasing wood, purchasing medicine (Vitamin injections), and for transporting injured patients. Another 110,000 Afg. was received to purchase a motorcycle, which they intend to bring from Kabul.

MEDICINE AND SUPPLY

Most medicine comes from the SCA. A small amount comes from the Hezb-i-Islami Hekmatyar clinic, which gets some medicine from the Arabs. He received this medicine once, 15 days ago.

The last SCA supply of medicine came 1 1/2 months ago, weight 180 kg. All the medicine arrived intact except for some damaged Penicillin tablets. The party truck brought it from Peshawar accompanied by the two other clinic health workers, travel time to Ginegar was 4 days. The SCA paid 7,200 Rs. transportation

allowance. There were no problems with the Pakistani police.

The road is closed 2-3 months in the winter.

The Sayyaf front bought 60,000 cholera vaccines from Kabul 1 1/2 months ago for use in all of Chak district. [redacted] received 4,500 of these vaccines and vaccinated the people of Ginegar village and other villages in the region. He says that since then there has been no further cholera, so this proves, he says, that the pathology was indeed cholera. He systematically vaccinated all persons above 4 years old except for pregnant women. He kept no vaccination records.

In the winter when the clinic is slow he vaccinates people with any vaccine he can get from Kabul, eg. DPT, polio. Again he keeps no vaccination records.

When needed medicine is not present in the clinic, [redacted] writes prescriptions to be filled in the Chak bazaar.

All medicine is stocked in the clinic. [redacted] says it is not a good place and would like to find another place to store it.

[redacted] suggests that for resupply the SCA provide him with a clinic vehicle so that he can bring patients to Peshawar, and bring back medicine without having to rely on the party.

He says there is oversupply of chloroquine and Vermox. There is undersupply of everything else as the 6 month supply of medicine is gone in 1 1/2 months. Mostly he needs more injections, he says, because a lot of patients are vomiting and can't take oral meds.(!) He needs Bactrim, griseofulvin, Nystatin, aminophylline, Ventolin, expectorants, vitamin syrup, and vitamin-B complex.

SITE VISIT

The clinic is situated 1-2 kilometers from [redacted] village just off the main road in a pleasant area with trees.

When we arrived at 10:30 a.m. the clinic was locked with no one present. The workers were nearby "eating lunch" but came soon after we arrived.

The clinic is a dirt floor mud-wall building with two rooms. One room is an entryway with non-medical supplies and 2 bicycles. The other room is a consultation room with work desk, exam table, and pharmacy. It is dark and has a dirt floor, but somewhat orderly with frequently used medicines in open containers for easy access.

Equipment includes stethoscope, BP cuff, thermometer, and some surgical instruments. There is no otoscope. The local commander

has two generators in his house which he doesn't use, but the clinic has no generator.

From 10:30 to 2:30 there were six patients coming for treatment, most of whom were mujahideen with trivial complaints. The physical exams were superficial, but then the patients were not so sick.

There is really only one patient to comment on:

* 20 yo M Dx: Foot abcess Tx: Attempted needle aspiration without result, Furacin cream, dressing.
P[redacted] needed some time to locate a fresh syringe and needle, and sterile gloves. It was a bit of a show for our benefit.

P[redacted] did take time to explain use of medications to some patients, and gave some health teaching in nutrition and on hand washing. A man came and wanted tetracycline for his child, and Parwais told him it is not good for children and anyway he doesn't give medicines unless he sees the patient.

Another man came saying his woman has a broken arm set by a shekesteband, and she needs Algipan cream and analgesic pills. P[redacted] gave him this medicine.

Refuse appears to be mostly dumped down the hill in front of the clinic. Numerous papers and other trash litter the area.

Water supply is a canal passing in front of the clinic, which is dry during the day but supplied with water from 5 p.m. to 6 a.m. They fill a water tank for daily water needs.

There is a woodstove for winter heating with wood supplied by the commander.

P[redacted] learned tooth extraction, but he has no dental instruments and he does not perform tooth extraction.

There is no clinic accomodation for hospitalization, they visit patients in their homes.

The clinic is closed on Jumma, but a guard is present who can notify M[redacted] S[redacted], who lives in Ginegar, of any emergencies.

Patients are referred to the MDM hospital or to Peshawar:

* 12 yo F with "bone swelling" sent to MDM
* 45 yo M with suspected fractured metacarpal sent to MDM

Some reference books are present, we saw the GAC Field Manual #1 and the GAC Field Manual #2.

GREEN BOOK REVIEW

The use of the green book was most curious. There are already entries up to 19.9.88 which is 7 days in advance. Then dates are entered up to 30.9.88 without patient information, just so many blank lines to be filled in. P[redacted]' young assistant was nervous in the discussion of the green book, and when today's patient entries could not be located he gave the reason as "There isn't much medicine".

For the period of 1.7.88 to 19.9.88, a period of 73 days, the green book shows record of 868 patients, or 12 pts/day.

Approximately 15% are women and 15% are children.

The record shows 18 pts on 11.9.88. It shows 17 pts one week ago and 10 pts two weeks ago.

Patient entries include:

* 20 yo M   Dx: Foot trauma   Tx: Algipan, paracetamol tabs

* 50 yo F   Dx: Weakness   Tx: MV tabs, FeSO4

* 23 yo M   Dx: Hematuria   Tx: Bactrim, MV

* 35 yo M   Dx: Chronic giardia   Tx: Metronidazole, FeSO4, tetracycline

* 13 yo M   Dx: Ascarsis   Tx: Vermox, MV, Vit C

* 2 yo M   Dx: Diarrhea   Tx: ORS, paracetamol syrup

One entry (13.9.88 #4) shows a diagnosis of "Relapsing Fever".

PRACTITIONER INTERVIEW

P[redacted] and M[redacted] S[redacted] are trained in amputation of hand and foot, but neither has ever performed it because they say they have no instruments and the clinic is too dirty and dusty for such work. Neither is trained in laparotomy.

He says he sees 20-25 patients per day. 30% are women, 20% children. Usually there are no war-wounded, but if they come they come in groups of 10 of so from fighting in the north.

The 3 main causes of death in the district are:

* Appendicitis
* Respiratory disease
* Infectious diseases of childhood

The last three mortalities that they had seen were:

* 6 mo M with urinary obstruction. Died yesterday, they said they couldn't do anything without any urinary catheters
* 2 adults and 3 children died in Ginegar 1 1/2 months ago of "cholera", ie. they had diarrhea and vomiting.

For the future, [redacted] says he will continue to work in nursing as he had worked before the war. He will work for the new government wherever it chooses to send him. [redacted] says he wants to study in Kabul to become a doctor.

[redacted] says that the biggest need is for preventive medicine, he mentions hygiene, nutrition, education, and knowledge about use of medicines.

He needs equipment and supplies for sterilizing instruments and dressings. He would like to be supplied with an autoclave and formalin. He would like to have a separate water tank for the clinic. He would like a good place for surgical procedures and a good place to store the medicine. Also he would like personnel just for cooking, cleaning, and guarding the clinic.

COMMENTS

Treatments are appropriate for diagnoses. [redacted] appears to practice safely, although our observation was short. He seemed rather tired of patients coming with trivial complaints.

From other sources we learned that there is supposed to be another worker named Homayun, of MSH, who has been here since one year ago. [redacted] never mentioned him.

It is not clear whether the green book irregularities stem from deception or from ignorance. We explained how they should be using the green book and that it is important that they provide accurate information.

It is our impression that [redacted] was hiding information from us. He was not willing to really explain all his answers, and he was not open to show us everything connected with the clinic. Nor was his offer to have us stay longer sincere. He was evasive when we asked where he gets all his medicine.

32. [redacted] SCA (#45)

CLINIC IDENTIFICATION 12-14.9.88

The working clinic is located in the village of [redacted], Sebak valley, Chak district, Wardak. It was established in July 1988; before then the clinic was in the guest room of his house in Dawrankhel village, 1/2 hour away by car. This clinic is not a new building, it was a house bought by the Sayyaf front for 600,000 Afg.

An additional clinic is under construction since one month ago outside the village of Miran, which is the administrative center of Day Mirdad district. It is 4 hours away by car to the northwest from Dawrankhel, into the region of Hazarajat.

[redacted] has been supported by the SCA for four years.

Party affiliation is with Sayyaf for the last 10 months, before then it was with Harakat-e-Inqelab. The provincial Amir is Abdul Samad Zarmail, the regional commander is Jenaat Gul.

LOCAL HEALTH CARE PICTURE

Before the war, Chak was thw administrative center for Chak, Jaghatu and Day Mirdad districts. The district of Chak is limited at the north by Nerkh district, at the west by Day Mirdad, at the south by Jaghatu and at the east by Sayed Abad district.

We were unable to gather accurate information on population and agriculture, but the area seemed well populated and a lot of houses were beeing rebuilt. Agricultural activity seemed good as the Chak mainriver irrigates farmland.

The center of the district, also called Chak, is the main bazaar. At this place there is a dam on the river built by a German assistance program almost 60 years ago. The hydro-electric power station at Shirkhana some 20 minutes walk downstream from the bazaar is a realization from the same program.

The three main resistance parties present here are Hezb-e-Islami Gulbuddin, Jamiat-e-Islami and Harakat-e-Inqelab (a part of this last partie has switched to the Ittehad of Sayaf 10 months ago). Other parties are also present but have less influence.

The district of Chak is mainly a Pashtu area.

Other healthworkers present besides [redacted] are:

* The clinic of [redacted] (#31) at Tang-e-Bum supported by SCA with three health workers.

* The Hezb-e-Islami Gulbuddin clinic at Tang-e-Bum.
* The MDM dispensary near the Qadarkhel village (Gardan-e-Masjid) with two healthworkers.
* The GAC clinic in the building of the Shirkhana power station where three health workers each of a different resistance party work together (Hezb-e-Islami Gulbuddin, Harakat Inqelab and Jamiat).
* The Union Aid clinic near the bazaar of Chak working with the Hezb-e-Islami Gulbuddin.
* The Arab clinic in Tang-e-Shaidan, working with the Hezb-e-Islami Gulbuddin.
* The Hezb-e-Islami Gulbuddin clinic of [redacted] at the Shah e Kalandaar village supported by SCA.
* The Hezb-e-Islami Gulbuddin clinic of [redacted] in the Nikpayqol area, supported by SCA.
* The Jamiat health worker named [redacted] who works in the village of Shirkhana and is supported by SCA.
* The Hezb-e-Islami Gulbuddin healthworker named Ghulam Rabani who works in his house at Khalila village and is supported by SCA.
* The nurse [redacted] [redacted] working at home in the village of Spedar (Sebak valley) and supported by SCA.

In the village of Ginigar works a shekestaband who has been practicing a long time. His name is Habib Jan, he's an old man and is famous in the region for his good work.

Women, children and old men can also receive medical care in a government hospital at Kabul, some 5 to 6 hours travel by car.

Many patients buy medecine at the bazaar of Chak which has a relatively good supply.

The district of Day Mirdad is mainly inhabited by Hazaras. Apart from the clinic that [redacted] [redacted] is constructing there, there is one MSH healthworker ([redacted] [redacted]) since 6 months working in the village of Tsitu.

[redacted] [redacted] told us that the Arabs of Tang-e-Shaidan wanted to construct a hospital on the same place where he is constructing now his clinic. However they didn't get the necessary agreement from all resistance parties there. [redacted] got the agreement from all the parties, he says.

PERSONNEL

There are 5 health workers in [redacted]'s clinics:

* [redacted] [redacted], 24 yo, from Dawrankhel. Completed three months training with Ittehadia (UMCAMD?) in 1984. Worked one year in Chak for the SCA, then another 6 months training with Ittehadia in 1985, then worked in Chak for 3 months; then another 6 months course with Ittehadia in 1986, and since then has been working in his home area.

* M[redacted] N[redacted], 25 yo, frpm Chak. Completed 6 month Union Aid course in 1987. Worked with P[redacted] (#31) at Tang-i-Bum until 3 months ago, when he came to work with M[redacted].

* A[redacted] S[redacted], 32 yo, from Chak. Completed 6 month GAC course in spring 1988, working here for 6 months.

* G[redacted] D[redacted], 32 yo, from Chak. Completed 6 month Saudi training course in Peshawar in spring 1988.

* A[redacted] A[redacted], 32 yo, from Day Mirdad. Completed 3 month training course with Hezb-i-Islami Hekmatyar in Peshawar in 1980. Since April 1988 he has been working with Mohair.

S[redacted] and N[redacted] are always working in the Ahmedkhel clinic. The other two will be assigned to work in the Miran clinic. M[redacted] will rotate weekly between the two places.

M[redacted] receives a salary of 3,000 Rs/mo from the SCA. The others receive a salary of 1,000 Rs/mo. The SCA also pays 1,500 Rs/mo for clinic expenses.

MEDICINE AND SUPPLY

All medicine comes from the SCA. The last supply was in June 1988, Mohair received 336 kg of medicine for 6 months.

Transport was by means of a party truck from Peshawar to Chak, the trip took 6 days. The SCA paid 11,000 Rs. for transportation, it is not clear if all of it was spent. The medicine arrived complete and undamaged except for three bottles of syrup.

There were no problems with the Pakistani police, they carried a letter from the SCA.

All medicine is stored in the Sayyaf markaz at Tang-i-Bum. Half of the medicine is sent to Ahmedkhel, the other half will go to Miran. The commandant is responsible for storage, and there is no problem at all.

When medicine not supplied by the SCA is needed, M[redacted] writes presecriptions which can be filled in Chak (2 hours walk) or in Kabul (2 hours by car).

M[redacted] says it would be better if the SCA brought the medicine itself, like the GAC does for its clinics.

There is oversupply of Pen V tablets, FeSO4, Vitamin C, and chloroquine. There is undersupply of Co-trimoxazole syrup, broad spectrum antibiotic injections, local anaesthetic, and general anaesthetics. Also he says he needs a "breathing machine".

M[redacted] says the people don't like to get allotments of bulk medicine, but that they want to get medicine still in the original packages. Also the people like syrups, and he would like to get more syrup because the Arab clinic has a lot of syrup.

SITE VISIT

The clinic is situated near to Ahmedkhel village in a flat place. It is a 3 room building of mud wall construction. All clinic work is done in a single room. It is protected by a rooftop machine gun and mujahideen guards.

The room is pleasing with good light, whitewashed walls, and carpet on the dirt floor. There is a small work desk with green book and BP cuff. Frequently used medicines are on another long table, arranged in an orderly fashion. The atmosphere is one of efficiency and cleanliness.

The only equipment seen are the BP cuff, stethoscope, thermometer, and some surgical instruments.

Patients seen included:

* 20 yo M c/o weakness and syncope PE: BP 120/80 Dx: Epilepsy Tx: Dilantin and a prescription for phenobarbital to be filled in Kabul

* 6 mo M c/o Abdominal bulge and diarrhea Hx: Abdominal surgery in Kabul. Child is otherwise healthy PE: Temp 37.5 Tx: Co-trimoxazol syrup.

* 7 yo M c/o abdominal pain, vomiting, fever, diarrhea PE: Temp 38.0 Dx: Dysentery Tx: Paracetamol, ORS

* 5 yo F c/o chest pain, coughing, fever PE: Temp 38.0, wheezing breath sounds Dx: Pneumonia Tx: Paracetamol, Pen V

* 8 yo F burn patient Hx: Burn x 3 mo of left arm and left leg, contractures of left hand and left leg. Tx: One assistant does the dressing change and deridement. The long thigh wound is healing well (today is 3rd clinic visit). The wound is cleaned with mercurochrome and then Furacin cream was applied <u>around</u> the wound. This improper technique was explained. The dressing was OK but too bad there is no elastic roll to wrap it. The patient was instructed to return in 3 days.

[redacted] uses his stethoscope and thermometer a lot. His judgment was sound excepting the "Epilepsy" patient. It is not clear how he manages to keep three other workers busy.

2. NCA TEAM

CLINIC IDENTIFICATION 12.8.88

The NCA expatriate medical team, mobile surgical clinic of Andar (Shulgar) district, Ghazni.

The NCA mobile surgical team is an adjunct to the 5 mobile clinics of Qari Baba (See clinic #1). They have minimal contact with the 5 medical clinics, but rather travel place to place by bicycle, moving every day.

THE ANDAR HEALTH CARE SYSTEM (See NCA #1)

SITE VISIT

We only saw the NCA team on a Friday afternoon, so they had no scheduled work. They have no permanent workplace to visit. We did see their luggage holding supplies and equipment, and how it was loaded for transport by bicycle.

PERSONNEL

Each team usually consists of one doctor and two nurses. The team we saw was composed of:

* Dr. Gunnar Hagberg
* Pirkko Uro, Nurse Anesthetist
* Bente Rabben, OR Nurse

One team comes to work in Andar for a 3 month period. Three teams are sent each year to provide the mobile surgical service for nine months a year.

The team is accompanied by an Afghan translator and several armed mujahideen.

MEDICINE AND SUPPLY (See NCA #1)

PRACTITIONER INTERVIEW - Dr. Gunnar Hagberg

Dr. Hagberg reports that the team performs 3 or 4 operations per week, as well as a number of consultations.

Today there was a parade of young girls coming for treatment--one has the impression they like this nice and handsome doctor.

A woodstove heats the clinic in winter, wood is supplied by the party.

Water supply comes from a not so clean canal in front of the clinic, but there is also a clean karez 70 meters away for drinking water.

M[redacted] has learned tooth extraction, but he has no dental instruments and so does not perform dentistry.

There is no hospitalization, although there is room in the clinic building for in-patient care. Patients are seen in their homes if needed, the clinic usually has 4 home visits per week.

The clinic is open from 8 to 12 every day except Jumma, but a worker is always present in case of emergency.

Patients are referred to various places as needed:

* 45 yo M with intestinal obstruction sent to Kabul, had surgery with good result.
* 35 yo M with gangrene of the leg sent to MDM hospital
* 20 yo M with suspected TB sent to Peshawar

GREEN BOOK REVIEW

The period is 2.7.88 to 11.9.88, or 69 days. There is record of 821 patients, or 12 pts/day.

Approximately 25% are women and 25% children.

Today 12.9.88 there were 9 pts. One week ago there were 14 pts, two weeks ago 22 pts.

Green book entries include:

* 10 yo F c/o abdominal pain Dx: Hepatitis Tx: B-Complex, Vit C, prescription for oral glucose.

#17 60 yo M Dx: Gastritis Tx: Trisil, B-Complex, diazepam

#18 30 yo M Dx: Arthritis Tx: Paracetamol, Algipan, MV

#20 12 yo M Dx: Common Cold Tx; Actifed, Vit C

#26 40 yo M Dx: Amoebiasis Tx: Metronidazole, ORS

#50 1 yo M Dx: Dysentery Tx: Tetracycline, 1MV

#66 55 yo M Dx: Cholera Tx: NaCl infusion, ORS, tetracycline

#69 1 yo M Dx: Impetigo Tx: gentian violet, polyfac cream

There are a few cases of "gonorrhea", and a few cases of malaria. Suspected TB patients are referred to Kabul.

Treatments are appropriate for diagnoses. Usually 2 or 3 meds are prescribed.

PRACTITIONER INTERVIEW

M[redacted] has learned amputation of the foot and hand, but he has never performed it and he has no instruments for it.

He says the three main causes of death in the district are:

* Tuberculosis
* Dysentery/Cholera
* Typhoid

He says in one month 4 people died of cholera in a valley of 3,000 people, that a "cholera epidemic" began when two mujahideen came back from Pakistan, became sick, went to the Arab clinic in Tangi Saidan, and died. From there it spread over the region, with people getting sick with diarrhea and vomiting and sometimes dead within 24 hours.

M[redacted] vaccinated 4,000 people against cholera in Sabak valley and Miran with vaccines purchased by the Sayyaf front from Kabul. He says in Sabak he vaccinated 2,000 people out of a total population of 2,500, and that since the disease disappeared the vaccinations were a success.

For the future M[redacted] would like more training.

He says the most important needs in health care are preventive medicine with programs in nutrition, hygiene, health education, vaccination, etc.

He would like to add a hospitalizaton room with two beds to his clinic. He says it is too bad that the SCA didn't buy his clinic building because the party front is sometimes rich and sometimes poor, while the SCA is always rich.

He would like the SCA to agree to support his second clinic in Miran. He has an agreement with the six parties there.

Although the SCA has supplied the existing clinic with a motorcycle, he would like to SCA to also supply an ambulance vehicle.

COMMENTS

We are favorably impressed with M[redacted]. His medical practice is reasonably competent. He has a good interpersonal style. The facility is one of the better ones we saw. With further training his work could indeed be very good.

The problem is that the work is quite small. Five health workers are being paid to see maybe 20 patients a day, and most work is for just 4 hours in the morning. Hopefully the addition of the second clinic will result in a significantly higher patient load overall.

40. A[redacted] Q[redacted] FM (20)

CLINIC IDENTIFICATION 19.9.88

The clinic is in S[redacted] village, Kajao valley, Behsud district, Wardak.

Q[redacted] says he has been working at this site for 6 1/2 months.

The party affiliation is Shura Ittefaq, Amir Syed Jaglang. Qasame says he is the local commander, but has no mujahideen.

LOCAL HEALTH CARE PICTURE

The Behsud area has little to offer in terms of health care. The nearest other "doctor" evidently is two hours away by car to the west. Other clinics are farther away, such as:

* The clinic in Jaghori district (Ghazni province) where some 7 healthworkers are working. This clinic is 6 hours away by car.
* The clinic of FM healthworker D[redacted] somewhere in the Bamyan area that also works with the Shura party and is 7 hours away by car.
* The MDM hospital at Jaghatu, Wardak which is 7 hours away by car via Chak.

Women, children and old men travel often to Kabul to get medical care or medicine. It's a travel of 8 hours by minibus.

There are a lot of traditional healers in the region. The 'burningpoints' (some points on the body are burnt in the belief of curing a disease) are very popular.

Q[redacted] has a modest practice that appears to approach medicine as an exercise in capitalism.

PERSONNEL

There are two health workers at this site:

* A[redacted] Q[redacted], 26 yo, from Ghazni. Completed training with FM first class. Has worked at different MSF clinics in Hazarajat for 3 years until 1984. What he did immediately after graduating from FM is not clear.

* A[redacted] A[redacted], 24 yo, from Shashburja. Completed FM fifth class and then came to work with Q[redacted]. He is the dispenser.

There are other workers working in other clinics managed by Q[redacted], although the SCA contract for four workers reads "for

clinic in Behsood-Maidan Wardak". [redacted] says he has one worker who is mobile working out of a backpack somewhere in Bamiyan, another worker near Ghazni city, and another worker near Maidan city. They come back regularly for medicine and salary.

[redacted] is not sure what salary he receives for himself, but he knows precisely what the others receive. He thinks maybe he receives 4,000 or 5,000 Rs/mo, while [redacted] receives no salary. The other workers receive 1,000 Rs/mo.

The SCA pays 1,500 Rs/mo for clinic expenses. He says this pays for kerosene and food for hospitalized patients. Once he used it to pay to have a patient transported to MDM hospital at a cost of 6,000 Afg.

MEDICINE AND SUPPLY

[redacted] told us that all of his medicine comes from the SCA, although later he told our translator that he recently bought 50,000 Afg. worth of medicine from Kabul.

He got his last supply of SCA medicine in December 1987, 168 kg. for 3 months. The SCA gave him transportation allowance of 4,800 Rs. FM brought the medicine to Azam Warsak, then a truck brought the medicine from Azam Warsak to Behsud for 3,500 Afg. per ser. He says he had to pay an additional 28,000 Afg. of his own money to cover transport costs. Travel time was 5 days from Azam Warsak.

He had to pay 400 Rs. to the Pakistani police. In Afghanistan he had a lot of trouble with other resistance parties, especially in Hazarajat.

All the medicine arrived at the clinic complete and undamaged.

He says the route is closed for 5 months during the winter, although one bus driver says it is closed for 3 months.

The medicine is stored in a cave 20 minutes away, which has no lock but is closed with a stone. Only [redacted] knows where the cave is.

When he needs medicine he doesn't have he writes prescriptions which can be filled at Nawur (4 hours away by car) or at Burjigay (5 hours away by car).

[redacted] says there is no way to improve the medicine supply line.

He says there is oversupply of chloroquine. There is undersupply of all the rest but especially of ampicillin injection, Vitamin B-12 injection, Baralgin injection, tetanus anti-toxin, adrenalin, and phenergan.

SITE VISIT

We are hosted on our arrival to [redacted]'s village by a villager who was with us on the bus. We sat with him outside his house at 9 a.m. taking tea and overlooking the hospital (clinic, really) that had been built for [redacted]. It is a mud wall building with a nice porch. There is no sign of life there, in fact it has not been in use for many months. [redacted] no longer uses it. It is vacant. It used to be a kind of shop, they say, where [redacted] gave consultations for 100 Afg. and sold medicine.

After tea the villager brought us to [redacted]'s house which is 1/2 hour away, and where he said the clinic is. [redacted] is not there, his family said he had been out on a home visit overnight and had gone out again on a home visit this morning, but would return.

At 10 a.m. there are no patients waiting at the clinic. The clinic is a very nice room in [redacted]'s house, clean, with Persian-type carpets covering the floor. Pictures, maps, Islamic posters, and prayer rugs are on the walls. There are two toshacks on the floor, pillows, and one clean iron-frame bed. A stethoscope and BP cuff are hanging on the wall. Also there is wiring for electricity, a ceiling bulb, switch, and wall socket. One nice briefcase, we notice, has a PIA baggage sticker on the inside. It is a pleasant place--but not busy.

At 11 a.m. [redacted] arrives. He is cordial but nervous--he is breathing with deep inspirations, smoking cigarettes, and nervously turning a pen in his hands. He also tells the Afghans with him to leave the room. [redacted] is wearing a very nice gold watch and 2 rings.

Only one patient comes during our short stay:

* 8 yo F c/o itching Dx: Scabies Tx: Benzyl benzoate. He used a stethoscope to auscultate breath sounds to humor the pt.

A separate tent-clinic, which is the working clinic, is nearby. There are no patients there, either. It is simple, with covered floor and curtain partition. Next to the tent is a one room clay structure (a mosque) housing medicines. Only about 8 medicines are in stock--benzyl benzoate, Pen V syrup, Flagyl, Vermox, Chloramphenicol, and one or two others. It is the most depleted stock we've seen. He says it has been 8 or 9 months since he received his last 3-month supply of medicine. There is no evidence of wiring for electricity at the tent or pharmacy.

He says he has BP cuff, stethoscope, otoscope, urinary catheters, thermometer, laryngoscope, and a pressure cooker. Also for sterilization he has formalin tablets. FM supplied him with a generator for the clinic.

Water supply is from a clean spring next to the clinic. He buys his own wood for heating in the winter. He says refuse is burned.

Q[redacted] has learned tooth extraction and he says he does it.

He reports he has about 5 hospitalized patients per month, usually wounded mujahideen. The last 5 were all patients with BBI.

He does provide home visits and travels on a bicycle that he bought himself.

The clinic is open every day from 6 a.m. to dark, and Q[redacted] says he is available 24 hours a day at his house. When Q[redacted] was away in Pakistan last time, he had a friend with 1 month medical training stay to run the clinic.

All TB patients are referred to Kabul. Surgical referrals are sent to the MDM hospital. Others are referred to the ex-MSF hospital in Jaghori.

Reference books include a pharmacology book of the SCA, and the FM handbook.

GREEN BOOK REVIEW

There is no green book at the clinic, Q[redacted] says it went to Peshawar after 6 months (2-3 months ago?). Instead we have a green book to examine that came from his satellite clinic at Maidan.

There are some holes in this record. There is entered treatment only for entries #294-296. There is scant information of Name/Age/Sex for entries #372-419. There is name only for entries #569-574. There is treatment only for entries #724-728. There is name only for #866-894 and 951-952 to end the record. Q[redacted] says sometimes names are not entered because people don't want to tell it.

The period runs from 12.2.67 to 25.3.67. This is 952 patients in 48 days, or 20 pts/day.

Approximately 25% of pts are women, and 25% children. Qasame says about 8% of patients are war wounds.

Entries include:

#939 40 yo M Dx: Cold Tx: Parafed

#940 38 yo M Dx: Giardia Tx: Flagyl, ORS

#944 17 yo F Dx: TB Tx: Referral to Pakistan

#898 11 yo F Dx: Otitis media Tx: Ampicillin, Paracetamol

#900 36 yo M Dx: Gastritis Tx: Trisil, vitamins

#858 45 yo M Dx: Syphylis Tx: Tetracycline

#837 35 yo M Dx: Meningitis Tx: Ampicillin, Chloramphenicol, ASA

#896 28 yo M Dx: UTI Tx: Bactrim, paracetamol

#762 22 yo M Dx: Erysipelas Tx: Penicillin, ASA, cold compresses

#490 6 yo M Dx: Impetigo Tx: Furacin, Ampicillin

Entries mostly reflect expected health problems such as diarrhea, gastritis, respiratory disease, common cold, etc. There is small incidence of TB, "syphilis", cholera, "meningitis", and circumcision.

The treatments are appropriate for diagnoses. Over-prescription is not evident. The use of serums and injections is not evident, however, this does not indicate the work of Qasame but that of another worker.

PRACTITIONER INTERVIEW

Q[redacted] has learned amputation, but has never done it.

He reports that the clinic sees 10-20 patients per day. 45% are women and children, 8% are war-wounded.

He says the three main causes of death in his district are:

* Choiera
* War wounded
* Doesn't know

He says in the last 6 months a 65 yo man died of cholera.

The main health problem, he says, is that the people are not educated and they have no conception of hygiene.

For the future he would like to receive further training and then continue working here because there is no other clinic.

He says there should be a good system of health posts everywhere, but that the commanders must first agree on where to put them.

COMMENTS

Our villager friend says that [redacted] charges 100 Afg. for consultations and that he also charges for medicine. He says one patient came from far away and spend 2,000 Pak Rs. for medicine, but did not get better.

It is our impression that the room in the house, although it could be used for patients, is a guest room. It is this guest room that benefits from the clinic generator.

[redacted] is a bright guy with an enterprising spirit. The result appears to be a scam against his scurce of support in Peshawar. Although his practice will fail to satisfy the SCA or FM, he is not dangerous in his work and the people in his service area have no alternative practitioner to turn to.

41. A[redacted] S[redacted] SCA (43)

CLINIC IDENTIFICATION 21.9.88

The clinic is located near to D[redacted] K[redacted] village, Sanglagh valley, Jalrez district, Wardak. The building is in a karaga area of the mujahideen.

The clinic was established 3 years ago when S[redacted] arrived from his training in Peshawar. The clinic name is Shahid Dilaya.

Party affiliation is Harakat-i-Islami. The commandant is Comm. Anwari, the local commander is Ustad Zagri.

LOCAL HEALTH CARE PICTURE

The Sanglakh valley looks very green and seems rich in water. We could not obtain any estimation of the population. The valley has been very much bombarded the last three months and a lot of people are said to have moved out to other areas nearby for a while.

Less than an hour away on the other side of the valley is the former MSF Holland clinic. The building is still intact, but is abandoned since 3 weeks ago. There is a 6" hole in the roof where an air-to-ground rocket entered into the waiting room. Since spring this year two expatriate docters (1 female and 1 male) and one male nurse also expatriate, were working there. They will probably not work in this clinic in the near future.

S[redacted] said there are no other trained healthworkers in the valley. But some traditional healers are present which S[redacted] doesn't know personally. The dai are all local old women, but there is one lady educated in Kabul (6 years) in Rastdara village. S[redacted] knows her and taught her the use of Oxytocine and Methergine and to give injections. She has a thermometer, a stethoscope and a blood pressure cuff and S[redacted] supposes she knows how to use them. S[redacted] adds that she is eager to learn more, if possible from a Farsi speaking female doctor.

The bazaar at Jalrez (1 to 1 1/2 hours walk) has some shops that sell medicine. People also go to Kabul to buy medicine, a 3 hours ride by car.

S[redacted] knows the Harakat-e-Islami clinic at Syahpetaw (Jalrez district) supported by SCA. He also knows the Jamiat clinic in the district of Paghman (Kabul) where Dr. Karim works (#46).

Almost every resistance party is present in the district of Jalrez and each seem to have a clinic with some healthworkers but S[redacted] didn't know these.

Many people come expecting a full surgical service, but the team only performs simple surgeries such as hernia repair. A number of times they have had to refuse patients and refer them to a hospital, usually in Quetta.
Dr. Hagberg says that moving every day is a big limiting factor in the range of surgical services they can provide, and it is also very tiring. He suggests that a fixed location would solve these two problems.

Also the team is supposed to be teaching health education to the health care workers of Qari Baba, but moving day to day it is impossible.

Besides surgery, the NCA team follows 50 patients for treatment of TB. There is no methodological follow-up of these patients, per Dr. Hagberg. The NCA provides the medicine.

COMMENTS

Both Qari Baba and the NCA team recognize that the mobile surgical program has many limitations. They would like to establish a fixed location facility where they can perform surgery, hospitalize patients, and have access to laboratory and X-Ray services. Such a facility would help solve problems of limited range of practice, personal fatigue, and absence of health education.

This idea should be seriously considered because:

* It would indeed help solve the problems mentioned above.
* The region is quiet. There is no political division and fighting is confined to Ghazni city.
* The structure of Afghans working under the guidance of trained expatriate personnel is a preferred method for training Afghan health care workers.

If such a facility is implemented, we recommend that expatriate personnel commit to a minimum length of stay of six months.

The nearest government health facility is the polyclinic in the city of Maidan. But the people prefer to go to Kabul because some patients (including female) have been temporarily arrested and interrogated at Maidan.

PERSONNEL

There are 8 health workers associated with the clinic. Four of these are mobile working with mujahid groups at the front.

* A[redacted] S[redacted], 25 yo, from Kabul. Completed 6-month Union Aid course in Peshawar 3 years ago. He manages the other workers.

* J[redacted], 21 yo, from Kabul. Completed 6-month Union Aid course in spring 1988.

* N[redacted] 23 yo, from Kabul. Completed 6-month Union Aid course one year ago.

* G[redacted] A[redacted], 22 yo, from Kabul. Completed 6-month Union Aid course in spring 1987.

* M[redacted], 26 yo, from Kabul. Completed 6-month Union Aid course 3 years ago.

* Mansoor, 24 yo, from Kabul. Completed 6-month Union Aid course in spring 1988.

* E[redacted] 23 yo, from Kabul. Completed 6-month Union Aid course two years ago.

All 8 workers receive salary from the SCA: S[redacted] receives 2,000 Rs/mo, the others 1,000 Rs/mo.

There are no other paid personnel, the cook, cleaner, and guards are all mujahideen from the markaz.

Salaries and medicines are received from the SCA every 6 months. There is no money received for clinic expenses, everything is supplied by the commander.

S[redacted] made also mention of a healthworker H[redacted] S[redacted], that worked with him here in the valley and received also support from the SCA. He is for the moment in Peshawar but will come back. S[redacted] could not give us more details on that person.

MEDICINE AND SUPPLY

All medicine comes from the SCA except for a small amount that comes from Union Aid, and a little bit they buy in the Jalrez bazaar.

The last supply was May 1988. They received 50 kg from Union Aid and then 110 kg from the SCA that they brought all at one time. [redacted] was present to bring the medicine. A truck brought the medicine from Peshawar to Tere Mangal for 900 Rs. From Tere Mangal to Sang Lagh the medicine came by horse for 2,300 Afg. per ser. Travel time from Peshawar was 9 days.

All the medicine arrived complete and undamaged. There was no problem with the Pakistani police.

In winter the route is closed for 1-4 months depending on snow conditions.

The medicine is stored in a pharmacy in the bazaar, where there is a satellite clinic.

[redacted] says he has no suggestions to improve the supply line.

He says there is oversupply Trisil tabs and FeSO4. There is undersupply of all analgesics, antiseptics, antibiotics, antihistamines, ear drops, eye drops, and anti-rheumatism medicine (he says he has to buy a lot of Ibuprofen).

SITE VISIT

The clinic is a 5-10 minute walk away from the markaz, and for villagers it is a 1/2 hour walk. The village and markaz are near to each other on different sides of the valley. From the road, the clinic is a few minutes walk away.

The clinic building has 3 rooms. There is a central waiting room, a procedure room, and a consultation room-dispensary. The clinic is overall clean and orderly, above average. It appears to be used exclusively as a clinic, and not as a markaz clubhouse.

The waiting room is long and narrow with two nice benches. At 8:00 a.m. there are no patients waiting, in fact there were no patients the whole morning.

The procedure room has one large sturdy wooden exam table and surgical instruments and supplies, otherwise it is rather a general purpose room.

The consultation room/dispensary has good natural lighting. The walls are whitewashed. The ceiling is covered. The floor is covered with plastic and large woven nylon carpet. The tables,

chairs and desk are of solid wood and are locally made. One entire wall holds shelving for the medicine. All medicine is ordered by category, eg. "Anaesthesia", "Surgical", "Oral Use", etc., with clear labels in English affixed to the shelves. Often the medicines are labelled with both generic and trade names.

There are sophisticated meds present--Ketamine, IV lidocaine, suture. Evidently a lot of MSF Holland materials came here when the MSF team left, and that the precise inventory presentation results from MSF handiwork.

There are Aldomet and spinal needles present, but no otoscope.

Many meds and materials are German or Scandinavian, eg. IV cannulas and IV anaesthesia meds. One large box in the waiting room comes from IDA, Amsterdam, with a PIA Peshawar baggage sticker.

There were no clinic patients to observe on 21.9.88. On 22.9.88 we saw a patient being treated at the bazaar clinic, but again no patients at the clinic near to the markaz.

Clinic equipment includes stethoscope, BP cuff, pressure cooker, and a scale that is broken. The instruments in the bazaar clinic were clean but not sterile, N[redacted] said he had no way to sterilize them. The pressure cooker was at the other clinic.

Water comes from the river down in the valley. There is a wood stove for winter with wood supplied by the front. There is a latrine. Refuse is disposed of by burning, he says, which is afterwards buried. The clinic grounds are clean and tidy.

S[redacted] also runs a clinic located at a pharmacy in the bazaar of Sanglagh. It is also his place to store clinic medicine.

We visited this pharmacy-clinic on 22.9.88. This pharmacy has a good inventory, and is very orderly. There are ampules for injection of Vitamins, Avil, Sosegon, Norgesic, and others from the USA and Germany. There is IV solution from Sweden (they say via Kabul). There is veterinary worm medicine from Italy. They say they have a friend in Germany who sends them all kinds of pharmaceutical items.

One section of shelves contains green containers of 20-30 meds coming from the SCA--Trisil, Ferrous Sulphate, Vitamins, still labelled as they come from the SCA. They say these medicines are not for sale.

There is a small library of textbooks including a Farsi pharmaceutical index "Medical Pharmacology" and a [redacted] "Where There is No Doctor".

Although Sho'aib has learned dentistry, he does not perform it and he has no instruments for it.

There is a place for hospitalization in the markaz, for wounded mujahideen. There are some 10 of these patients per month. Villagers are seen in their homes with home visits.

The markaz clinic is open 8 a.m. to 4 p.m. every day except Jumma. Most patients appear to go to the bazaar clinic, with referrals being sent as needed to S[redacted] at the markaz clinic.

In the last year only one patient was referred, an 18 yo M with BBI to femur who was sent to the GAC clinic at Chak. Two days later the patient died.

We didn't see any health education posters or other patient teaching materials.

GREEN BOOK REVIEW

There is no green book present, S[redacted] says one has gone to Peshawar and the other to Bamiyan.

There is another clinic register in use with pt. serial no., name, age, sex, diagnosis, and treatment. There are no dates entered. There are no ages for entries #36-70.

There are 70 entries for, Sho'aib says, 20 days. This is an average of 3-4 pts. per day.

Approximately 20% of the entries are women, 10% children.

Entries include:

#2 Dx: Diarrhea Tx: ORS, tetracycline
#3 Dx: Lumbago Tx: Algipan, tetracycline
#9 Dx: Trachoma Tx: Optisol
#10 Dx: Angins Tx: Bactrim
#13 Dx: Suspected TB Tx: Bactrim, prescription for streptomycin from Jalrez bazaar.
#22 Dx: Hepatitis Tx: Trisil
#66 Dx: Pneumonia Tx; Bactrim, paracetamol

S[redacted] says he uses more Bactrim because he doesn't have any ampicillin or penicillin.

Sometimes diagnosis and treatment match, but other times they don't match well at all.

PRACTITIONER INTERVIEW

S[redacted] has learned amputation of hands and feet, and has amputated fingers and toes 2 or 3 times with good result.

He says he sees 1-5 patients per day unless a group of mujahideen arrives, then there are 20 or more of them. Because of heavy bombardment, 60% of his patients in the last 3 months are war-wounded. In this time there have been 35 wounded and 18 dead. He says 10% are women, 20% children, 70% are men.

The 3 main causes of death in the district are reportedly:

* War wounds
* Diarrhea/GI disorders
* Pneumonia

The last 3 mortalities that he treated were:

* 26 yo M with severe trauma to thorax from bomb blast
* 24 yo M buried when a house collapsed from bomb blast
* 29 yo F who died after childbirth, the baby survived

The biggest health problems here are rheumatism, lumbago, sciatica, asthma, and bronchitis.

For the future, [redacted] would like to study to be a doctor.

He says that all the health workers like him who have learned a little medicine should get more training to do better work, and it should be free and only for those who really worked for jihad.

COMMENTS

This clinic makes a very favorable impression to look at it. However, there seems to be an absence of patients. We were unable to observe [redacted] perform clinically.

The arrangement with the bazaar pharmacy is also a little curious. It looks like a business, but we are unable to confirm that clinic medicines are being sold there. It may indeed be an innocent symbiosis. What's more, the discipline ruling in the valley makes it unlikely that the healthworkers can run a business.

It will be interesting to see if a working relationship is re-established with MSF Holland when they relocate in Lolench.

43. Z[redacted] K[redacted] MTA (16+)

CLINIC IDENTIFICATION 23.9.88

This clinic is located between Jalrez and Syahpetaw at a mujahideen base in Jalrez district, Maidan. It is temporarily located here, and it is also mobile in that a health worker is always moving with the mujahideen in Kabul province.

Party affiliation is Hezb-i-Islami Khalis, the Amir is Abdul Haq who is Amir of all of Kabul province, and the commander is Haji Tur Mohammad.

It has been at this location for 6 months, and it may or may not stay there for the winter.

LOCAL HEALTH CARE PICTURE

Almost all resistance parties are present in the district of Jalrez. They have each at least one clinic with some healthworkers. L[redacted], of who we took the interview, knows the Harakat Islami clinic at Syahpetaw, supported by SCA, the Ittehad Islami (Sayaf) clinic near Jalrez bazaar, and Dr. (?) Mohammed Arif who works at Dewland (20 min. to the north from here) with the Hezb-e-Islami Khales.

L[redacted] doesn't know any traditional healer or dai since he is not of this region.

The bazaar of Jalrez has some shops that sell medicine. But people often go to Kabul, 3 hours by car, to buy medicine.

The nearest government health facility is the polyclinic at the city of Maidan. But people prefer to go to Kabul because services are said to be better there and some patients (even female) have been temporarily arrested and interrogated at Maidan.

PERSONNEL

* Z[redacted] K[redacted], 30 yo, from Paghman. Completed MTA first course. Left for Peshawar 4 days ago because he had been wounded from shrapnel in the leg and face.

* L[redacted], 27 yo, from Paghman. Completed 3 years nursing school in Kabul 7 years ago.

* M[redacted], 25 yo, from Paghman. Completed a 6 month course in Peshawar, our interviewee didn't which course or when.

There are no ancillary personnel, all cooking and cleaning and guarding is done by mujahideen of the kararga.

[redacted] has no salary and he does not know about the others.

Clinic expenses are paid for by the front, but [redacted] didn't know how much this is per month.

There are always 2 workers at the clinic while one is mobile at the front; only [redacted] was present on this Friday.

MEDICINE AND SUPPLY

The main supply of medicine comes from the party. He says [redacted] did not bring in any medicine from MTA this year, and doesn't know why. The party buys the medicine in Peshawar from a wholesaler.

If they need medicine they can get some from Kabul, but in small quantities only using old men and women.

If necessary they write prescription chits, and the patients can buy medicine from shops in Jalrez or Syahkhaak.

The medicine supply line is through the party, which brings the supply in on a hired truck. It is 10 days travel from Peshawar coming through Hazarajat.

In Pakistan they try to smuggle in the medicine, but last time the truck was caught and they had to pay "quite a lot" of money to the police, he doesn't know how much.

The route is closed 4 months in the winter.

The medicine is stored in a room in the kararga. It is a good room. The health workers are responsible to take care of it.

He says they are almost out of all medicine, and that all medicines are in short supply. Nothing is in oversupply.

If there is a medicine list, [redacted] took it to Peshawar.

He says there is no better way to move the medicine, but he would like to bring the medicine himself in his own car.

SITE VISIT

The clinic is located 1/2 hr northwest of Jalrez village at a HIA-Khalis kararga. It is 1-2 kilometers from HIA-Hekmatyar clinic we visited.

The clinic is situated in a large tent with a two-foot high mud wall base, and a woven rug on the floor. There is a small medicines box. The place is reasonably clean. There is a second tent where the health workers stay.

Today is Jumma. There are no patients coming, so we did not observe any work.

Water supply is from a canal some 250 meters away. For winter they hope to have a room in the kararga. Waste is reportedly burned, and the ground around the clinic was indeed clean. No latrine was present.

Clinic equipment includes stethoscope, BP cuff, urinary catheters, and an exam table. There is a pressure cooking pot for sterilization. No otoscope is present.

There are dental instruments and anaesthesia, and they are pulling out teeth.

For hospitalization, they treat mujahideen who stay in the kararga. Occasionally they make home visits, but not too often.

The clinic is always open, and a health worker is always present.

Referrals are almost always made to the MDM hospital in Jaghatoo.

GREEN BOOK REVIEW

There is no green book present, but 2 other registers are maintained:

"DRESSING BOOK": Period 25.5.67 to 2.7.67. 275 entries in 39 days averages 7 pts/day. 10-20% are women, 10% are children.

Diagnoses are mostly "Injury", "Abcess", "Impetigo", and "Burn". Patients come from Paghman, Chardehi, Wardak, and Maidan. Local anaesthesia is used occasionally.

"OPD BOOK": Period 20.4.67 to 2.7.67. There are 1260 entries in 74 days, or 17 pts/day. Approximately 10% are women and 10% are children.

There are lots of diagnoses like "weakness", "all body pain"; otherwise most entries are normal GI, respiratory, and skin problems:

#443 Dx: Impetigo Tx: Neomycin ointment
#445 Dx: Rheumatism Tx: Indomethicin
#451 Dx: Diarrhea and weakness Tx: MV, Lomotil
#453 Dx: Common Cold Tx: Trifid tabs

#475 Dx: Pneumonia Tx: Ampicillin, paracetamol, MV
#771 Dx: Edema of ankles Tx: Lasix tab (1), MV, $FeSO_4$

Generally treatment is good for diagnosis. No over-treatment, no injections. Often, symptoms are given as diagnosis.

PRACTITIONER INTERVIEW

The clinic does not perform amputation, such patients are referred to the MDM hospital.

They say they see 25-30 patients per day. Of these 10-15% are war-wounded, 5% women, 5% children.

[redacted] says he cannot report on the three main causes of death because no one has died that he knows of.

For they future, they plan to continue working.

COMMENTS

This clinic is primarily serving the mujahideen. The workers are probably somewhat busy, but not so much. Treatment decisions seem to be reasonably appropriate.

We were not getting good answers from [redacted], and he really didn't know a lot of the answers. We were not able to see the store of medicine because only [redacted] is the responsible person and because they said the commander doesn't like strangers to come into the kararga.

46. A[redacted] FM (16)

CLINIC IDENTIFICATION

The clinic is located in the village of K[redacted], Paghman district, Kabul.

Party affiliation is Jamiat, commander Mullah Ezat. Mullah Ezat is a member of the Shora-e-Nazar, ie. the council under the leadership of Ahmad Shah Masood.

The clinic was established one year ago at the present site. For 5 years prior to this is was at a place in the mountains, and for 5 years before that it was mobile.

LOCAL HEALTH CARE PICTURE

Before the war some 40,000 to 50,000 families lived in the district of Paghman. Now only a 30 to 40 % of them are living here permanently, while 15% seem to live in refugee camps in Pakistan. The remaining percentage is said to live in the surrounding area (probably 15% in Kabul city) and come back and go away again depending on war activity.

Almost all agriculture is irrigated. Most of the irrigation systems are destroyed and the war makes it very difficult for the remaining farmers to work on the fields. There are no schools in Paghman.

Dr. Karim thinks that there is no other clinic or healthworker present in the whole district. There are no local shops known to him that sell medicine. Medicine is bought in Kabul, 45 min. to 1 hour away by car.

The government held hospital in Kabul receives and treats women, children and old men. Dr. Karim says that the health care delivered there is of bad quality, but the X-ray pictures or some laboratory results have proved useful for some of his patients.

PERSONNEL

* A[redacted], 25 yo, from Paghman. Completed FM course one year ago. Before then he was mujahed.

* Dr. Karim, 36 yo, from Paghman and grew up in Kabul. Trained 7 years at Medical Faculty of Kabul, graduated in 1978. Working since 10 years with the mujahideen. He has worked previously in maternal-child care and says it is not unusual for women patients to come to him from Kabul city.

10. MDM HOSPITAL 20-21.8.88

CLINIC IDENTIFICATION

Medecins du Monde (MDM) hospital at Aghari Murgh in Jaghatoo district of Wardak.

The clinic is affiliated with Commandant Amin Wardak, working since Oct. 87 with Hezb-i-Islami, Mualavi Khalis. Prior to this time he was working with Mahaz-i-Milli (NIFA).

This is the only MDM project inside Afghanistan. It was established 4 years ago at this site and has been operating continuously since that time.

THE LOCAL HEALTH CARE SYSTEM

The hospital is at the northwestern edge of the populated Jaghatoo plain, situated away from the plain in the mountain region of Aghar Murgh. Although there are a lot of health care workers working in the plain, this is the only hospital-level facility.

The population of Jaghatoo district is some 35,000 in some 200 villages. The administrative center was Kalandeh. Only a few families have left the region as refugees.

Reportedly 70% of agriculture has been destroyed. VITA has a karez repair program in the region.

People come from far away, even outside of Jaghatoo, for surgical treatment at MDM. Also Amin Wardak has close relations with mujahideen groups near to Kabul, and the MDM hospital receives a high number of wounded mujahideen transported to Aghari Murgh from Kabul and Paghman.

There are two dispensaries supported by MDM out of the Aghari Murgh hospital, located at Maama, Wardak (see #) and at Gardan-e-Masjid, Chak, Wardak. Each of these clinics is staffed by two health workers.

Some vaccination is performed here [redacted]. A large refrigerator and cold boxes are present. A vaccination team of one French MD and two Afghan nurses finished a project one month ago.

See also: "A Microcosm of Health Care in Afghanistan; The Picture of Health Care in Jaghatu, Wardak".

* A[redacted], 25 yo, from Paghman. Completed a course in Peshawar 3 years ago, we don't know which one.

* Q[redacted], 50 yo, from Paghman. Is a graduate nurse from Kabul, had worked some years in Kabul, has been with the mujahideen for many years now.

* M[redacted] R[redacted], 60 yo, Paghman. Is a graduate nurse from Kabul, has a lot of experience in surgery.

* K[redacted], 30 yo, from Paghman. Is trained locally by Dr. Karim, has had no other training.

* K[redacted], 28 yo, from Paghman. Has studied as a nurse in Kabul, now is student in Peshawar in a FM course.

* Doesn't know name, 22 yo, from north of Kabul. Completed an ICRC course in 1982.

Dr. Karim says no one receives a salary, except maybe A[redacted]. There are no special ancillary personnel, the work is done by the mujahideen.

Clinic expenses run 500,000 Afg/mo, including the medicine that is purchased in Kabul. This expense is paid by the Jamiat front.

MEDICINE AND SUPPLY

60% of the medicine they buy themselves in the bazaar of Kabul, which is 45 minutes away by car. 40% comes from Peshawar where they get it from FM and from a committee of Saudi Arabia. Small amounts come from the bazaar of Maidan. Once he got some medicine from the MSH Holland clinic in Sanglakh.

Dr. Karim observes that the medicine in the Maidan bazaar is mostly like that of the foreign committees, and than maybe that is where it comes from. It is different from medicines available commercially elsewhere.

The last medicine from Pakistan came in Sept. 87, some from FM and some from the Saudis. A[redacted] accompanied the medicine. Travel time was 8 days from Peshawar. Price of transport from Peshawar to Maidan was 800 Afg/ser by hired truck. From Maidan to Paghman the medicine moved by horse for 500 Afg/ser.

All the medicine arrived intact, but some gets damaged after it is transferred to and carried by horse.

The road is blocked for up to 1 1/2 months in the winter.

The medicine is stored somewhere in Sanglakh. Dr. Karim is the responsible person who can get it when he needs it.

He says if the committees would trust them with money to buy medicines in Kabul, they could get all the medicine they need more cheaply and more quickly, without the transport costs.

They write prescription chits for people to get medicine in Kabul.

Dr. Karim says there is nothing in oversupply. Especially they need more strong analgesics, blood expanders, and dressing matèrials because they use a lot of them and they are not available in Kabul.

He has no good ideas on how to improve the medical supply line.

SITE VISIT

The clinic is located in a markaz of Jamiat party. It is a war-front clinic. The building was formerly private house compound.

There are two rooms, one for hospitalization and one for consultations.

The hospitalization room has 3 beds with 3 war injured patients--bilateral foot amputation, shrapnel wound left leg, and shrapnel wound left hand. The patients are from Harakat, Sayyaf, and ANLF parties. All were injured in fighting two days ago.

A woven rug covers the floor. One large window is curtained. A table is full of dressing material and irrigation solutions. Sheets are on the beds and are relatively clean. [redacted] came to visit the patients, taking a paternal interest.

As we interview, an old man brings in an order of medicine that he was sent to Kabul to purchase. Some medicine comes from the bazaar, and some comes from Kabul hospitals courtesy of doctors Dr. Karim knows, who "donate" it to the cause.

Dr. Karim says he sometimes has surgeon friends come to the clinic to perform laparotomy, he assists.

Other times he refers patients to the MDM hospital. He knows Amin Wardak.

The consultation room is on the 2nd floor. It has just a few mattresses on the floor and a locker of medicine.

Clinic equipment includes stethoscope, BP cuff, urinary catheters, thermometer, and a generator. Dr. Karim says he lost his otoscope last year in an attack. He is waiting for a lot of surgical instruments to arrive from Kabul. Sterilization is done with formalin.

Water supply is from a nearby spring. There is a woodstove for the winter. There is a latrine in the house compound. The medical waste is burned, and the grounds are clean.

Dental service is provided by trained people.

There are home visits as needed.

The clinic is always open. Often patients are hospitalized for many days at a time. The hospitalized patients are almost always wounded mujahideen.

Old men patients needing referral are sent to Kabul. The wounded mujahideen are referred to MDM hospital or to Peshawar.

GREEN BOOK REVIEW

There is no green book present. Dr. Karim says it is with A[redacted] in Peshawar. No other substitute register is available.

PRACTITIONER INTERVIEW

Dr. Karim says the average patient load is 20 pts/day, plus war-injured. About 70% are mujahideen, while 30% are women, children, and the elderly. About 50% of the patients are war-wounded.

Dr. Karim has learned amputation but hasn't performed amputation in one year because the instruments became lost. He has assisted with laparotomy, but does not do them without another surgeon present.

The three main causes in the district are:

* Injuries from war
* Gastroenteritis in children
* Tuberculosis and cardiac disease in the elderly

The last 3 clinic mortalities were from war injuries. The biggest local health problem is war-injuries.

For the future Dr. Karim would like to study more psychology and psychiatry because he says 50% of his patients suffer from war stress and war neurosis.

For the future, Dr. Karim suggests that there be a central clinic in each district staffed by real doctors, and sub-clinics with one or two nurses depending on the size of the area. Locally, there is no need for a hospital because Kabul is very near.

COMMENTS

The hospital gives the impression of a basic facility that is doing good work.

Unlike most places we visited, war trauma is a significant part of clinic practice. They report that yesterday there were 10 mujahideen killed in fighting in the valley.

Dr. Karim says the medicines made in India are generally pretty good, better than those from the USSR.

Dr. Karim says he worked for 3 years with SCA support, but that there was some kind of conflict and 2 years ago he stopped working with them.

47. [redacted] FM (15+)

CLINIC IDENTIFICATION 27.9.88

The clinic is located in Karez-e-Mir, Shakardara district, Kabul. It is new since less than one month ago. Until this time Mayel was a mujahed who did some first-aid.

Party affiliation is Jamiat, the Amir is Asad, the commander is Comm. Anwar.

LOCAL HEALTH CARE PICTURE

We could not obtain information on the population and migration. But we keep a lively image of the heavy war activities during our stay.

Other health facilities in the district, apart from [redacted]'s include:

* Dr. Sadi who completed medical faculty at Kabul and works since three years with the Hezb-e-Islami Gulbuddin.
* [redacted] who got a healthcare training for two years in Peshawar and works with Hezb-e-Islami Gulbuddin.
* [redacted] who studied 2 or 3 years in Kabul and 2 years in Peshawar and works with Hezb-e-Islami Gulbuddin.
* Dr. Sayed Alim Khan who completed the medical faculty at Kabul and works here since 4 years with Ittehad-e-Islami(Sayyaf).
* [redacted] who completed 3 years nursing and 3 years laboratory at Kabul, works here since 9 years with Jamiat and receives support from SCA.
* [redacted] who completed a 1 month course at ICRC in march 87 and works with Jamiat.
* [redacted] who completed a 6 month course at Union Aid and works with Jamiat.
* The Hezb-e-Islami Gulbuddin clinic where 3 IMC students are working (#49).
* [redacted] who might be a graduated nurse from Kabul and works mobile with Hezb-e-Islami Gulbuddin.
* [redacted] who completed an unknown course in Peshawar and works with Jamiat.
* [redacted] a healthworker of Hezb-e-Islami Khales that is supported by SCA.
* [redacted], a healthworker supported by SCA and working mobile with Hezb-e-Islami Gulbuddin.
* [redacted] who completed a course of Union Aid in Peshawar, works here with Hezb-e-Islami Gulbuddin and is supported by SCA.
* [redacted], a healthworker supported by SCA and working mobile with Hezb-e-Islami Gulbuddin.

The use of double and false names seems widespread in the region. [redacted] does not know half of the people listed here above.

[redacted] has no contact with traditional healers and dai.

There are no local shops known to [redacted] that sell medicine. People go to Kabul for this purpose, a 2 to 3 hour walk by foot or 1/2 hour by car.

The nearest government hospital is at Kabul and accepts to treat women, children and old men.

PERSONNEL

* [redacted], 20 yo, from Shakardara. Completed FM course in Feb. 1988 and then worked in Chitral for one month, then went back to Peshawar and arrived to work in Shakardara in August.

* [redacted], 22 yo, from Shakardara. Completed MSH 3-month course 3 years ago.

For salary, [redacted] is not sure how much it is from FM but he won't receive any salary until he returns to Peshawar. [redacted] receives 8,000 Afg/mo.

There are no paid ancillary personnel, the work is done by mujahideen.

Clinic expenses are paid by the party front, none from FM.

MEDICINE AND SUPPLY

Medicine is supplied from FM and MSH. Additional medicine comes from Kabul which is 1/2 hr. away by car, this medicine is paid for by the medics themselves as no money for medicine comes from the party front.

Occasionally if a patient really needs medicine from Kabul, they send someone to Kabul with money to get it while the patient waits at the clinic. Prescription chits are never given directly to the patients.

[redacted] brought 250 kg. of medicine from FM for 6 months, while 6 cartons of medicine came from MSH, weight not known.

The medicine is stored in a good room in the clinic. Only these 2 health workers have access to the room.

Transport from Peshawar to Azam Warsak was by means of party truck. A hired truck brought the medicine from Azam Warsak to Jalrez for 1,900 Afg/ser. Then the medicine was put on horses and brought to Shakardara at a cost of 900 Afg/ser.

Travel time from Azam Warsak to Shakardara was 7 days. M[redacted] M[redacted] accompanied the medicine. FM paid 3,500 Pak Rs. for transport.

In Pakistan M[redacted] had to pay 300 Rs. of his own money to the Pakistani police.

They say the road is closed for 3 months in the winter using this route. If a route through Logar is taken, it is open in the winter to horses.

He has no comment on oversupply and undersupply because he hasn't been working long enough to know.

SITE VISIT

We saw M[redacted], but not the clinic because it became too dangerous to stay in the area.

M[redacted] says he has a stethoscope, BP cuff, otoscope, urinary catheters, a scale, thermometer, and some small surgical kits. He has no dental instruments.

GREEN BOOK REVIEW

There is no green book to review as the clinic had not begun to function yet.

PRACTITIONER INTERVIEW

M[redacted] has been trained in amputation and has performed it in Thal, but he intends to refer any amputation patients elsewhere.

We could not complete this section with M[redacted] because he has not yet begun his clinic work.

COMMENTS

M[redacted] is young and impressed us as enthusiastic, but it was impossible to assess him or his clinic.

19. A[redacted] S[redacted] IMC (15)

CLINIC IDENTIFICATION 28.9.88

The clinic is located in M[redacted] village, Shakardara district, Kabul. It has been at this place since April 1987.

Party affiliation is Hezb-i-Islami Hekmatyar, the amir is Naser who is amir of Kabul province, and he is also apparently the local commander.

LOCAL HEALTH CARE PICTURE

We could not obtain information on the population and it's activities. But we keep a lively image of the heavy war activities during our stay.

Other health facilities in the district, apart from Abdul Saboors include:

* The Jamiat clinic (#47) where a MSH- and a FM healthworker are working.
* Dr. Sadi who completed medical faculty at Kabul and works since three years with the Hezb-e-Islami Gulbuddin.
* A[redacted] who got a healthcare training for two years in Peshawar and works with the Hezb-e-Islami Gulbuddin.
* N[redacted] who studied 2 or 3 years in Kabul and 2 years in Peshawar and works with Hezb-e-Islami Gulbuddin.
* Dr. Sayed Alim Khan who completed the medical faculty at Kabul and works here since 4 years with Ittehad-e-Islami (Sayyaf)
* G[redacted] N[redacted] who completed 3 years nursing and 3 years laboratory at Kabul, works here since 9 years with Jamiat and receives support from SCA.
* M[redacted] I[redacted] who completed a 1 month course at ICRC in march 87 and works with Jamiat.
* A[redacted] M[redacted] who completed a 6 month course at Union Aid and works with Jamiat.
* N[redacted] S[redacted] who might be a graduated nurse from Kabul and works mobile with Hezb-e-Islami Gulbuddin.
* M[redacted] who completed an unknown course in Peshawar and works with Jamiat.
* A[redacted] H[redacted], a healthworker of Hezb-e-Islami Khales that is supported by SCA.
* A[redacted] S[redacted] a healthworker supported by SCA and working mobile with Hezb-e-Islami Gulbuddin since 4 months.
* K[redacted] who completed a course of Union Aid in Peshawar, works here with Hezb-e-Islami Gulbuddin and is supported by SCA.
* K[redacted] J[redacted], a healthworker supported by SCA and working mobile with Hezb-e-Islami Gulbuddin.

The use of double and false names seems widespread in the region. The IMC healthworkers do not know half of the people listed here.

There are no contacts with the dai of the villages. Two shekestaband (traditional bonesetters) live in the village of Momen, their names are Wais and Maraa.

There are no local shops known that sell medicine. People go to Kabul (1 to 1 1/2 hour by car or 3 to 4 hours by foot) to buy medicine or to visit the government hospital which treats women, children and old men.

PERSONNEL

* [redacted], 26 yo, from Shakardara. Completed first class of IMC in April 1987.

* [redacted], 24 yo, from Shakardara. Same training as [redacted].

* [redacted], 23 yo, from Kabul city. Completed 8-month course of IMC 3 months ago.

Each receives a salary of 2,000 Pak Rs/mo.

There is ancillary personnel of cook, cleaner, and guard who each receive 6,000 Afg/mo from IMC.

Every 6 months one of the three goes to Peshawar to bring salary and medicine.

They receive a clinic expense allowance of 30,000 Afg/mo which they say is barely enough because everything is so expensive.

MEDICINE AND SUPPLY

They say 2% of their medicine comes from IMC while the party buys 98% of the medicine from Kabul. Every month the party front buys 120,000 Afg worth of medicine, mostly antibiotics, analgesics, wound dressing material, injections, syrups, and IV solutions. Kabul is one hour away by car.

Four months ago [redacted] arrived with 70 ser of medicine. He was accompanied by an IMC monitor who hired a truck and paid all expenses, so he doesn't know what the cost was.

Travel time was 10 days. The route was Azam Warsak to Ghorband by truck and then Ghorband to Shakardara by horse.

No medicine was lost, but a lot was damaged when bottles of syrup broke open, and other tablets were broken from the horses.

There was no problem in Pakistan with the police, but in Hazarajat they had to pay 30,000 Afg. to Sepa and Nasr parties in order to pass.

The road is closed for 4-5 months in the winter in Hazarajat. Last winter a supply of medicine came through this route, though, carried by 36 porters for 3 days. Each porter was paid 2,000 Afg/day. Last year there was a government ambush and the autoclave and some cartons of medicine were lost.

Medicine is stored in two underground hiding places, and some in the clinic. The commander is responsible for storage. It is packed somehow in plastic to keep it dry.

They write presciption chits as needed, usually the people go to Kabul.

They report oversupply of Lugol's iodine. The medicines in undersupply are gauze, bandages, wound dressings, suture, antiseptics, strong analgesics, IV solution, regular analgesics, Algipan, antibiotics, antibiotic syrups, and antihistamines.

They say the medicine list stayed in Peshawar.

Their suggestions for improvement of medical supply is to pack the medicine in metal boxes, supply 12 months at a time for fewer trips because the route is hard and dangerous. If fact, they would like the monitor to bring it to them so that no one would have to be away in Peshawar.

The commander says it would be better if the committee gave money for them to purchase what they need from Kabul.

SITE VISIT

The clinic is located in an agricultural area of small villages, amid bombarded houses and fields. The clinic is in a bombarded house compound.

There is one main clinic room with 2 beds, a large desk, chairs, and a locking metal cabinet for medicine. The floor is covered with plastic and a tarp. The walls are painted. The walls are mud, the ceiling log and mud.

Equipment includes stethoscope, BP cuff, thermometer, and urinary catheters. There are a few instruments that are cleaned with boiled water and formaldehyde, they say. We saw instruments in a container in Savlon solution. They can buy sterile gauze and compresses in Kabul. They say most of their instruments were lost in a bombardment.

They say they do not have a microscope but would like to have one because they learned laboratory at IMC.

PERSONNEL

Expatriate hospital personnel are comprised of a surgeon, an anaesthesiologist, a nurse, and sometimes an separate logistics coordinator. The teams generally rotate every three months, but a team is always present throughout the year.

* A[redacted] J[redacted] Freedom Medicine (FM) (36) 22 yo. He is from Barakat village, Khwajamaari district, Ghazni.

Is responsible Afghan for the surgical portion of the MDM facility. He also is supervisor of the Afghan staff. Every month he rotates with Z[redacted] working in the out-patient clinic. He does consultations, assists in surgery, dresses wounds, extracts teeth, and works as translator and assistant for expatriate doctors in the hospital and for home visits.

His salary is 2,000 Pak Rs. per month. The salary is paid to him by Amin Wardak, who receives all money for salaries from MDM.

* Z[redacted] Medical Training for Afghans (MTA) (37) 19 yo.(?) He is from Jaghatoo and is a cousin to Amin Wardak.

He has no special area of responsibility, otherwise his work is the same as that of A[redacted] J[redacted]. He has been working with MDM for 6 years.

His salary is identical to that of A[redacted] J[redacted] 2,000 Pak Rs. per month paid by Amin Wardak.

The Afghan X-Ray technician was trained at the MRCA hospital in Peshawar.

The lab technician, J[redacted], was trained at the ICRC in Peshawar and also at MRCA hospital.

A COMPLETE LIST OF AFGHAN PERSONNEL IS AVAILABLE AT THE MDM OFFICE

SITE VISIT

The hospital is actually some 6 buildings and tents either in use or under construction. They are situated in a small rocky valley for security reasons. There is a mujahideen markaz nearby and armed mujahideen are always present on the hospital premises.

The hospital is staffed 24 hours a day every day for emergency service and long-term inpatient care. Home visits are done but such visits are limited to as few as possible because they consume too much physician time with often small benefit.

THE COORDINATION OF MEDICAL COMMITTEES

CMC MEDICAL MONITORING SURVEY

DETAILED REPORT OF CLINICS MONITORED
IN
GHAZNI, WARDAK, KABUL, KAPISA, PARWAN PROVINCES

AUG-OCT 1988

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AUG-OCT 1988

The Coordination of Medical Committees
25-C Circular Road
University Town, Peshawar
Tel. 42093

November 30, 1988

In accordance with CMC program goals, the CMC implemented a systematic monitoring survey of CMC-member health care practitioners and clinics in east-central Afghanistan. With this and the other monitoring missions sponsored by the CMC or CMC-member groups, health care activity for most of eastern Afghanistan has been surveyed by expatriate medical personnel this year.

The personnel for this mission included medical monitor Rudy Seynaeve, one Afghan translator, and one Afghan guide. A second medical monitor, Jeffrey Paulsen, was sponsored by the Swedish Committee for Afghanistan (SCA).

The team crossed the border from Quetta into Afghanistan on 10 Aug 1988 and reached Garam Chesma in northern Pakistan on 27 Oct 1988, for an in-country trip time of 78 days. Most of the travel was by means of horse. Horses were purchased in Ghazni and sold in Garam Chesma.

The CMC had directed that some 30 CMC-sponsored practitioners be monitored for the mission. As the work progressed however, many more practitioners presented themselves for an interview or other clinics were encountered along the way, so we were able to account for 73 clinics or practitioners in the survey area.

The report is organized by province and is mostly chronological. Priority in reporting is given to those practitioners designated for monitoring by the CMC. Data collected on these people is generally more complete, and it is only these practitioners who appear in this report. The number which sometimes appears in parathenses after a practitioner's name is a CMC identification number.

There is a separate section of information describing local conditions in regard to agriculture, education, and population. Questions in these areas were included in the medical monitoring instrument as an adjunct to understanding the local context in which a practitioner functions.

For each clinic, the monitoring information is divided into 7 sections:

* Clinic Identification
* Local Health Care Picture
* Personnel
* Medicine and Supply
* Site Visit
* Green Book Review
* Practitioner Interview
* Comments

For a summary overview of conclusions and recommendations relative to health care in these five provinces, see the separate "General Report on the Monitoring".

THE FOLLOWING HEALTH WORKERS WERE IDENTIFIED FOR MONITORING BY THE CMC, BUT FOR VARIOUS REASONS WERE NOT MONITORED: